

***Arizona Department of Health Services
Division of Behavioral Health Services***

HIPAA Privacy Manual

***Version 1.0
April 14, 2003***

**Arizona Department of Health Services
Division of Behavioral Health Services
HIPAA Privacy Manual**

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CURRENTLY UNDER REVISION

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SECTION 001: HIPAA Privacy Requirements

REFERENCES: Directive to Comply with the Health Insurance Portability and Accountability Act of 1996[HIPAA]; 42 U.S.C. §§ 1320d-1329d-8

SCOPE: All Arizona Department of Health Services/Division of Behavioral Health Services Workforce Members (i.e., employees, volunteers and trainees)

EFFECTIVE DATE: April 14, 2003

A. PURPOSE:

The purpose of this Privacy Manual shall be to establish requirements for ADHS/DBHS' compliance as a Health Plan with the Health Insurance Portability and Accountability Act of 1996 42 U.S.C. §§ 1320d-1329d-8, and regulations promulgated there under, 45 CFR Parts 160 and 164 (HIPAA). As a Health Plan, ADHS/DBHS pays for behavioral health care, including Medicaid reimbursable services under Title XIX of the Act, 42 U.S.C. 1396, *et seq*, and approved State child behavioral health services under Title XXI of the Act.

B. DIRECTIVE:

ADHS/DBHS workforce members are directed to follow all applicable requirements found in the ADHS/DBHS HIPAA Privacy Manual and the HIPAA Rule.

C. DISCIPLINARY ACTION:

Failure to comply with the Privacy Rule and its reference documents may result in disciplinary action as defined in ***ADHS agency level one policy and procedure OHR009 Discipline***, effective 04/02/02, and its amendments.

Leslie Schwalbe
Deputy Director

Date of Signature

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SECTION 002: Administrative and General Requirements for the Implementation of HIPAA

A. PURPOSE:

To issue instructions to all ADHS/DBHS workforce members regarding ADHS/DBHS obligations relating to the implementation of the Health Insurance Portability and Accountability Act (HIPAA), 42 U.S.C. §§ 1320d-1329d-8, and regulations promulgated there under, 45 CFR Parts 160 and 164.

B. ADMINISTRATIVE REQUIREMENTS:

Personnel Designations:

Privacy Officer: ADHS designates the ADHS HIPAA Project Manager as the Agency Privacy Officer, responsible for the development and implementation of ADHS requirements relating to the safeguarding of protected health information.

Contact Office For HIPAA Privacy Complaints: ADHS/DBHS designates the Manager of Grievance and Appeals, phone number- 602.381.8999, as responsible for receiving enrolled persons' complaints relating to HIPAA privacy rights and rights to access the enrolled person's designated record set and Protected Health Information. Enrolled persons may also contact the ADHS Agency Privacy Officer, phone number (602) 364-1560 to file a HIPAA privacy complaint.

Contact Office for HIPAA Privacy Practices Content: ADHS/DBHS designates the HIPAA Analyst, phone number (602) 381-8999, as responsible for providing information about the privacy practices of ADHS/DBHS and receiving requests for:

- restricting the use or disclosure of enrolled person's Protected Health Information,
- confidential communications of protected health related information,
- amendment of the enrolled person's designated record set, or
- an accounting of disclosures made of enrolled persons' Protected Health Information.

Training Requirements: ADHS/DBHS has documented the following training actions:

On or before the effective date of the HIPAA privacy regulations [04/14/03], all ADHS/DBHS workforce members received training on applicable requirements relating to Protected Health Information as necessary and appropriate for such persons to carry out their functions within ADHS/DBHS.

Each new workforce member receives the training as described above within a reasonable time after joining the workforce.

Each workforce member whose functions are impacted by a material change in the requirements relating to Protected Health Information, or by a change in position or job description, receives the training as described above within a reasonable time after the change becomes effective.

Please see [Appendix A](#): ADHS/DBHS Workforce Training Materials that contains the training slides presented prior to 04/14/03 and a sample of the [ADHS/DBHS Employee Confidentiality Statement](#) signed by each ADHS/DBHS workforce member.

Disciplinary Actions: In accordance with **ADHS Level One policy and procedure OHR009 Discipline, effective 04/02/02, and its amendments**, ADHS/DBHS will apply disciplinary actions, as appropriate, to members of its workforce who fail to comply with the ADHS/DBHS HIPAA Privacy Manual requirements or who fail to comply with the HIPAA Privacy Rule.

Complaint Process: ADHS/DBHS has a complaint process for enrolled persons to make complaints about the ADHS/DBHS HIPAA Privacy requirements or ADHS/DBHS' compliance with those requirements, and documents all complaints received and the disposition of each complaint. ADHS/DBHS mitigates, to the extent practicable, any harmful effects of unauthorized uses or disclosures of Protected Health Information made by ADHS/DBHS workforce members.

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Prohibition on Intimidating or Retaliatory Acts: Neither ADHS/DBHS nor any workforce member shall intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any enrolled person for the exercise of his/her rights or participation in any process relating to HIPAA Privacy compliance, or against any person for filing a complaint with the Secretary of the U.S. Department of Health and Human Services, participating in a HIPAA related investigation, compliance review, proceeding or hearing, or engaging in reasonable opposition to any act or practice that the person in good faith believes to be unlawful under HIPAA regulations as long as the action does not involve disclosure of Protected Health Information in violation of the regulations.

Prohibition on Waiver of Rights: Neither ADHS/DBHS nor any workforce member shall require enrolled persons to waive any of their rights under HIPAA as a condition of treatment, payment, operations, enrollment in the health plan or eligibility for Non Title XIX benefits.

Documentation Requirements: ADHS/DBHS maintains the HIPAA Privacy Manual in written or electronic form, and maintains written or electronic copies of all communications, actions, activities or designations as are required to be documented herein, or otherwise under the HIPAA regulations, for a period of six (6) years from the later of the date of creation or the last effective date or such longer period that may be required under state or other federal law.

Privacy Security Requirements: When sending or receiving Protected Health Information, ADHS/DBHS workforce members will only use encrypted files. Internal encryption will be accomplished through the use of software installed by ADHS Information Technology Services and meeting the requirements for securing Protected Health Information. When Protected Health Information is received by the ADHS workforce or disclosed to covered entities, business associates, as permitted under the HIPAA rule, by law, or pursuant to and in compliance with a valid authorization, the Protected Health Information will be encrypted before sending or receiving it through the use of software meeting the requirements for securing Protected Health Information.

C. GENERAL REQUIREMENTS:

Notice of Privacy Practices: In general, Protected Health Information shall not be used or disclosed except as permitted or required by law. Enrolled persons served through the ADHS/DBHS behavioral health system of care are given a *Notice of Privacy Practices* by the Tribal/Regional Behavioral Health Authority (T/RBHA) in which the person is enrolled. The T/RBHA *Notice of Privacy Practices* outlines the uses and disclosures of Protected Health Information that may be made, and notifies the enrolled person of their rights and the T/RBHA's legal duties with respect to Protected Health Information. The ADHS/DBHS performed a one-time distribution of the *ADHS/DBHS Notice of Privacy Practices* to persons enrolled in the ADHS/DBHS Client Information System (CIS). ADHS/DBHS posts the *ADHS/DBHS Notice of Privacy Practices* on the ADHS/DBHS web site for ease of public access.

Business Associates: ADHS/DBHS Business Associates perform or assist in the performance of functions or activities involving the use or disclosure of protected health information on behalf of ADHS/DBHS including claims processing or administration; data analysis, processing or administration; utilization review; quality assurance; billing; practice management; or repricing; or provide legal; actuarial; accounting; consulting; data aggregation; management; administrative; or financial services where the provision involves the disclosure of protected health information.

Disclosure to the Enrolled Person: Protected Health Information is disclosed to the enrolled person to carry out treatment, payment or operations activities within specified limits, pursuant to and in compliance with a current and valid Authorization, in keeping with a Business Associate arrangement, or as otherwise provided for in the HIPAA privacy regulations. Please refer to [Section 007](#) Use or Disclosure of Protected Health Information Permitted Without Authorization for further information regarding disclosure to the enrolled person.

Minimum Necessary: When using or disclosing Protected Health Information, or when requesting Protected Health Information from another covered entity, reasonable efforts are made to limit the Protected Health Information used or disclosed to the minimum amount of information necessary to accomplish the purpose of the use or disclosure.

Personal Representative: A person acting in the role of Personal Representative must be treated as the enrolled person regarding access to relevant Protected Health Information unless:

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1. The enrolled person is a minor and
 - a. is authorized to give lawful consent, or
 - b. may obtain the health care without consent of the Personal Representative or
 - c. the minor has not requested that the person be treated as a Personal Representative.

or

2. There is a reasonable basis to believe that the enrolled person
 - a. has been or may be subjected to domestic violence, abuse or neglect by the Personal Representative, or
 - b. that treating the designated person as a Personal Representative could endanger the enrolled person, and, in the exercise of professional judgment, it is determined not to be in the best interests of the enrolled person to treat the designated person as a Personal Representative.

Agreed Upon Restrictions: An enrolled person has a right to request a restriction on any uses or disclosures of his/her Protected Health Information, though ADHS/DBHS need not agree to the requested restriction, and cannot agree to a restriction relating to disclosures required under law or disclosures to the U. S. Secretary of Health and Human Services for HIPAA enforcement purposes.

Confidential Communications: An enrolled person has a right to request to receive communications of Protected Health Information by alternative means or at alternative locations, and reasonable requests shall be accommodated.

Accounting for Disclosures: An enrolled person has a right to an accounting of disclosures of his/her Protected Health Information for up to a six (6) year period.

De-identified Protected Health Information: ADHS/DBHS may use Protected Health Information to create information that is not individually identifiable for its own use or for disclosure to a business associate. If individually identifiable health information is "de-identified" it is no longer treated as Protected Health Information. Please refer to [Section 011](#) Definitions for a definition of the term "de-identified". Disclosure of a code or other means of record identification designed to enable coded or otherwise de-identified information to be re-identified constitutes disclosure of Protected Health Information.

ADHS/DBHS may assign a code or other means of record identification to allow de-identified information to be re-identified by ADHS/DBHS provided that:

- a. the code or other means of record identification is not derived from or related to information about the individual and is not otherwise capable of being translated so as to identify the individual;
- b. ADHS/DBHS does not use or disclose the code or other means of record identification for any other purpose, and does not disclose the mechanism for re-identification; and
- c. If de-identified information is re-identified, ADHS/DBHS may use or disclose such re-identified information subject to the requirements for uses and disclosures of Protected Health Information.

Complaint Process: ADHS/DBHS has a process for enrolled persons to make complaints about the ADHS/DBHS HIPAA Privacy Manual contents or ADHS/DBHS or its workforce members' compliance with the requirements as described in this Manual.

Documentation: ADHS/DBHS maintains written or electronic copies of the HIPAA Privacy Manual and communications or actions required to be documented under this manual for a period of six (6) years.

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SECTION 003: Minimum Necessary Standard

A. PURPOSE:

To issue instructions to all ADHS/DBHS workforce members regarding ADHS/DBHS obligations relating to the HIPAA requirement to use, disclose, or request only the minimum amount of Protected Health Information necessary to accomplish the intended purpose of the use, disclosure or request.

B. MINIMUM NECESSARY REQUIREMENTS:

ADHS/DBHS and its workforce members make reasonable efforts to limit individually identifiable health information to that which is minimally necessary to accomplish the intended purpose for the use, disclosure or request.

The minimum necessary requirement applies to:

- a. uses or disclosures requiring the enrolled person to have an opportunity to agree or object;
- b. uses or disclosures that are permitted without authorization, except for those required by law or otherwise specified in the ADHS/DBHS HIPAA Privacy Manual;
- c. uses or disclosures to business associates.

The minimum necessary requirement does not apply to:

- a. disclosures to the enrolled person;
- b. disclosures made pursuant to and in compliance with a valid authorization;
- c. disclosures to or requests by healthcare providers for treatment;
- d. disclosures required for compliance with the standardized HIPAA transactions;
- e. uses or disclosures pursuant to an agreement between ADHS/DBHS and the enrolled person for a restriction on the use or disclosure of Protected Health Information;
- f. disclosures made to the U.S. Department of Health and Human Services pursuant to a privacy investigation; or
- g. disclosures otherwise required by the HIPAA regulations or other laws.

As permitted by HIPAA, within the ADHS/DBHS system of behavioral health care service delivery, the Minimum Necessary standard does not apply to routine uses or disclosures of Protected Health Information for treatment, payment and operations including, but not limited to, uses or disclosures related to the following functions as described in the ADHS/DBHS RBHA Contracts and Tribal RBHA InterGovernmental Agreements, the ADHS/DBHS Policy and Procedure Manual, the ADHS/DBHS Provider Template, or Directives, Performance Improvement Protocols, or documents that provide technical assistance, advice, direction, or instruction to the Tribal and Regional Behavioral Health Authorities and their subcontracted health care providers.

Uses or Disclosures for Treatment Purposes:

Referral
Screening and Triage
Enrollment Procedures
Engagement
Disenrollment Procedures
Initial Assessments
Service Delivery
Crisis Services
Substance Abuse Services
Outreach
Coordination of Care
Vocational Services
Prevention Services
Laboratory Testing Services
HB2003 Services
Other Treatment relevant information

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Uses or Disclosures Relating to Payment Purposes:

Co-Payments and Sliding Fee Schedule
Performance Bond or Bond Substitute
Amount of Performance Bond
ADHS Claims to Performance Bond Proceeds Upon Default
Encounter Submission Requirements
Data Validation Study
Information System
Provider Billing
Sanctions and Corrective Actions
Subcontracts
Management Services Subcontractors and Corporate Cost Allocation Plans
Management Services Subcontractor Audits
Coordination of Benefits and Third Party Liability
Medicare Services and Cost Sharing
Financial Reporting and Viability Measures
Advancement of Funds by the Contractor
Financial Agreed-Upon Procedures
Financial Disclosure to the Community
Section D Contract Funding (and its subsections)
Attachment C Management Services Subcontractor Statement
Attachment E Capitation Rates
Other Payment relevant information

Uses or Disclosures Related to Health Care Operations:

Appointment Standards
Behavioral Health Records
Community Advisory Board
Quality Management
Utilization Management
Provider Network Requirements
Provider Network Management
Provider Registration
Provider Network Status Reports
Member Information Materials and Handbook
Notice of Denial, Reduction, Suspension, Termination of Services
Written Policies, Procedures and Job Descriptions
Staff Requirements/Support Services
Training
Memorandum of Understanding for Provision of Services to Children
Grants
Provider Manual
Information System
Grievance/Appeal/Request for Hearing Standards
Transition from Current RBHA to the Contractor
Pending Legislative Issues
Litigation
Annual Administrative Review
Periodic Report Requirements
Section E Contract Clauses and its subsections
Attachment A Contract Provisions
Attachment B Minimum Network Standards
Attachment D Periodic Report Requirements for the ADHS
Other Health Care Operations relevant information

ADHS/DBHS makes reasonable efforts to limit each workforce member's access to only the Protected Health Information needed to carry out their duties. These efforts ADHS/DBHS internal staff to staff use and disclosure of Protected Health Information.

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ADHS/DBHS workforce members who provide disclosures on a routine and recurring basis may rely on a requested disclosure as the minimum necessary to accomplish the stated purpose when:

- a. information is requested by another covered entity;
- b. information is requested by a professional who is a member of the ADHS/DBHS workforce or is a business associate of ADHS/DBHS for the purpose of providing professional services, provided the professional states that the information is the minimum necessary for the stated purpose;
- c. making disclosures to public officials if the public official states that the information requested is the minimum necessary for the stated purpose; or
- d. documenting research activities.

Non-routine disclosures may include, but are not limited to, disclosure to accrediting bodies, insurance carriers, research entities, or funeral homes.

For non-routine disclosures of Protected Health Information, i.e., disclosures other than those permitted without authorization or pursuant to and in compliance with a valid authorization, ADHS/DBHS will determine the minimum necessary information to be disclosed through the application of the following criteria:

- Verification of the identity and authority of the requesting party;
- Specific purpose of the request;
- Specific Protected Health Information requested;
- Whether a summary of the Protected Health Information requested will achieve the intended purpose;
- Whether de-identified or aggregate information will achieve the intended purpose; and
- Whether the requesting party has attempted, or has, obtained an authorization from the enrolled person.

ADHS/DBHS may rely on any of the following to verify the identity of a public official or person acting on the public official's behalf:

- a. if the request is made in person, an agency identification badge, other official credentials, or other proof of government status;
- b. if the request is made in writing, the request is on appropriate government letterhead;
- c. if the disclosure is to a person acting on behalf of the public health official, a written statement on appropriate government letterhead that the person is acting under the government's authority or similar evidence that establishes the person's identity;
- d. a written statement on appropriate government letterhead of the legal authority under which the information is requested, or if impracticable, an oral statement; or
- e. if the request is made pursuant to legal process, warrant, subpoena, order or other legal process, it is presumed to constitute legal authority.

Use or disclosure of the entire behavioral health medical record should not be made unless use or disclosure of the entire medical record is specifically justified as the amount of information reasonably necessary to accomplish the purpose of the use or disclosure.

Please see [Appendix B](#) for the Minimum Necessary Criteria Checklist form.

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SECTION 004: Enrolled Persons' Rights Related to Protected Health Information

A. PURPOSE:

To issue instructions to all ADHS/DBHS workforce members regarding ADHS/DBHS' obligations relating to enrolled persons' rights relating to access to and use/disclosure of their Protected Health Information.

B. REQUIREMENTS FOR ENROLLED PERSON'S RIGHTS:

1. Right to Access Protected Health Information: Enrolled persons have the right to access and obtain a copy of their Protected Health Information or any other information in the designated record set. Please see [Appendix D: ADHS/DBHS Designated Record Set](#) for a listing of the data elements and valid values constituting the ADHS/DBHS record set. The form to be used to request access to the record set content is located in Appendix C: [Request to Access Protected Health Information](#).

Denial of Access without a right of review: Access to Protected Health Information and any information in the designated record set may be denied when:

- a. Information was compiled in anticipation of litigation;
- b. Information was collected in the course of research that includes treatment of the enrolled person and the enrolled person agreed to a suspension of the right of access during the research period; or
- c. In accordance with the Clinical Laboratory Improvements Amendments of 1988 (CLIA) or the Privacy Act (5 USC 552a), when applicable.

Denial of Access with a right of review: Access to Protected Health Information and any information in the designated record set may be denied, though denial is subject to review where:

- a. Access is determined by a licensed professional to be likely to endanger life or physical safety of the enrolled person or another person; and such determination is documented,
- b. The protected behavioral health care information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgement, that the provision of access is reasonably likely to cause substantial harm to such other person; or
- c. A Personal Representative requests access and a licensed professional determines that such access is reasonably likely to cause substantial harm to the enrolled person or another person.

Right of Review: If the basis for denial of access gives a right of review, the enrolled person has a right to have the denial reviewed by another licensed professional who did not participate in the original denial decision. Such review must be completed within a reasonable period of time, and the ADHS/DBHS must promptly: (i) provide the enrolled person with notice of the reviewer's decision, and (ii) comply with the determination to provide or deny access.

To request a review of the denial of access to Protected Health Information, please see the [Request for Review of Denial of Request for Access to Protected Health Information Notice](#) located in Appendix C. ADHS/DBHS will respond in writing to the review request using the [Notice of Outcome for Denial of Access Review](#) form located in Appendix C.

Timely Review: A request for access to Protected Health Information will be acted on no later than thirty (30) days after receipt unless the time period is extended as permitted below:

- a. If the information to be accessed is not maintained or accessible on-site, ADHS/DBHS acts on the request no later than sixty (60) days after receipt, or
- b. If ADHS/DBHS is unable to act on the request for access within the applicable 30 or 60 day period, it may extend the time for response by no more than thirty (30) days.

ADHS/DBHS will provide a response to the request for access using the [Response to Request for Access to Protected Health Information](#) in Appendix C. If the time period for response is extended,

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ADHS/DBHS will provide the requester with the [Notice of Extension for Provisions of Access to Protected Health Information](#) form located in Appendix C.

Provision of Access: ADHS/DBHS provides the enrolled person with access to the information in the form or format requested if it is readily producible or in a readable hard copy or other form or format as mutually agreed to, either by arranging for a convenient time and place for inspection and copying, or mailing the information at the enrolled person's request. If the information is maintained in more than one place, the information will only be produced once in response to a current request for access.

ADHS/DBHS may provide a summary of the Protected Health Information in lieu of providing access, or may provide an explanation of the Protected Health Information to which access is provided if the enrolled person agrees, in advance.

ADHS/DBHS may charge a reasonable, cost-based fee for the costs of copying Protected Health Information, including labor, postage and preparation cost of an explanation or summary. Upon request for a copy of the Protected Health Information, one free copy is furnished during a 12 month period of time.

Denial of Access: ADHS/DBHS provides a timely, written denial of access to the enrolled person, written in plain language, explaining the basis for the denial, and any applicable right of review, and describes how the enrolled person may complain to the Manager of Grievance and Appeals at (602) 381-8999 or the U.S. Secretary of Health and Human Services.

To the extent possible, the enrolled person must be given access to any of their Protected Health Information in the designated record set requested after excluding the Protected Health Information for which ADHS/DBHS has grounds for denying access.

If ADHS/DBHS does not maintain the Protected Health Information for which access has been requested, but knows where it is maintained, ADHS/DBHS must inform the enrolled person where to direct their request for access.

If ADHS/DBHS denies the request for access to Protected Health Information, the requester will be provided the [Notice of Denial of Request for Access to Protected Health Information](#) form located in Appendix C.

Documentation: ADHS/DBHS documents and retains for six years, from the date of its creation, the designated record sets subject to access. Requests for access to Protected Health Information contained in the designated record sets should be directed to:

Prior to July 1, 2003

Arizona Department of Health Services
Division of Behavioral Health Services
HIPAA Analyst
2122 East Highland Avenue, Suite 100
Phoenix Arizona 85016
Phone: (602) 381-8999

On or After July 1, 2003

Arizona Department of Health Services
Division of Behavioral Health Services
HIPAA Analyst
150 N. 18th Avenue
Phoenix Arizona 85007
Phone: (602) 364-4558

2. Right To Request Restrictions On Uses or Disclosures Of Protected Health Information, And To Request Confidential Communications:

The ADHS/DBHS HIPAA Analyst is designated as the person or position title responsible for receiving requests to restrict the use or disclosure of enrolled person's Protected Health Information and requests for confidential communications of protected health related information.

Requests for Restrictions on Uses or Disclosures: ADHS/DBHS permits an enrolled person to request that ADHS/DBHS restrict uses and disclosures of Protected Health Information made for treatment, payment or operations or disclosures to family or others involved in the enrolled person's care, though ADHS/DBHS does not have to agree to the restriction requested.

If ADHS/DBHS agrees to the requested restriction(s), ADHS/DBHS must document the agreed upon restriction in writing, and abide by the restriction unless the enrolled person is in need of emergency treatment, the information is needed for the treatment, and the disclosure is to another

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provider only for purposes of such treatment.

ADHS/DBHS cannot agree to a restriction that prevents uses or disclosures required or otherwise permitted under the HIPAA rule.

ADHS/DBHS may terminate an agreed upon restriction if the enrolled person so agrees, as documented in writing, or ADHS/DBHS informs the enrolled person and the termination is only effective as to Protected Health Information created or received after such notice.

To request a restriction on the use or disclosure of Protected Health Information please use the form located in Appendix E: [Request for the Restrictions on Use or Disclosure of Protected Health Information](#). ADHS/DBHS will respond to the requester using the [Response to Request for Restriction on Use or Disclosure of Protected Health Information](#) also located in Appendix E. If a termination of the restriction occurs, the involved enrolled person will be notified with the [Termination of Restriction on Use or Disclosure of Protected Health Information](#) form located in Appendix E.

Requests for Confidential Communications: ADHS/DBHS permits enrolled persons to request to receive communications of Protected Health Information by alternative means or at alternative locations, and must accommodate all reasonable requests.

The enrolled person should submit the [Request for Confidential Communications](#) in Appendix F when requesting confidential communication of their Protected Health Information. ADHS/DBHS will provide the enrolled person with the [Response for Request for Confidential Communications](#) form in response to the request. This form is also located in Appendix F.

3. Right To Request Amendment Of Protected Health Information or Other Information in the Designated Record Set:

The ADHS/DBHS HIPAA Analyst is designated as the person/position title responsible for receiving requests for amendment of the enrolled person's Protected Health Information or other information in the designated record set.

Requests for Amendment of Protected Health Information: An enrolled person has the right to have ADHS/DBHS amend their Protected Health Information or other information in the designated record set for as long as ADHS/DBHS maintains the information.

ADHS/DBHS must act on the request within sixty (60) days of receipt, or within ninety (90) days if ADHS/DBHS notifies the enrolled person within the first 60 days of the reasons for delay and the date by which action will be taken. Please see Appendix G for the [Request To Amend Protected Health Information](#) form to be used when submitting a request.

Accepting the Amendment: If ADHS/DBHS accepts the amendment, in whole or in part, ADHS/DBHS shall:

- a. Make the amendment by, at minimum, identifying the affected data elements and valid values in the Protected Health Information or other information in the designated record set, and appending or otherwise providing a link to the location of the amendment;
- b. Timely inform the enrolled person that the amendment is accepted,
- c. Notify relevant persons or entities with a need to know; and
- d. Make reasonable efforts to inform and timely provide the amendment to those persons and others, including business associates, that ADHS/DBHS knows:
 - i. To have the affected Protected Health Information and
 - ii. May have relied, or be foreseen to rely, on that information to the detriment of the enrolled person.

Denying the Amendment:

ADHS/DBHS may deny the request for amendment of the Protected Health Information or other

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information in the designated record set if it is determined that the information requested for amendment:

- a. was not created by ADHS/DBHS (unless the originator of the information is no longer available to act on the request);
- b. is not part of the designated record set;
- c. would not be available for inspection; or
- d. is accurate and complete.

If ADHS/DBHS denies the amendment to the Protected Health Information and other information in the designated record set, in whole or in part, ADHS/DBHS will:

- a. Provide the enrolled person with a timely denial, written in plain language and including:
 - a. the basis for denial;
 - b. notice of the enrolled person's right to submit a written statement of disagreement,
 - c. instructions on how to file the statement of disagreement, and
 - d. a description of how the enrolled person may complain about the decision to ADHS/DBHS or to the U. S. Secretary of Health and Human Services;
- b. Provide a copy of any rebuttal prepared to the enrolled person;
- c. As appropriate, identify the part of the Protected Health Information and other information in the designated record set, subject to the disputed amendment and append or otherwise link the request, the denial, and any statement of disagreement or rebuttal to the record;
- d. For future disclosures of Protected Health Information and other information in the designated record set, include any statement of disagreement or, in response to the enrolled person's request, the amendment request and the denial. . Documentation of the disagreement or request to include the amendment request and denial will be documented on the [Statement of Disagreement/Request to Include Amendment Request and Denial with Future Disclosure](#) form located in Appendix G.
- e. If standard transaction format does not permit the appending of the additional information, it must be transmitted separately to the recipient of the standard transaction.

Please see Appendix G for the [Response to Request to Amend Protected Health Information](#) form used by ADHS/DBHS when responding with an acceptance or denial of the request to amend.

If ADHS/DBHS is informed by another covered entity about an amendment to the record, ADHS/DBHS must amend the information in its record by, at a minimum, identifying the affected records and appending or otherwise providing a link to the location of the amendment.

ADHS/DBHS must document the titles of the persons or offices responsible for receiving and processing requests for amendments.

4. Right To An Accounting Of Disclosures: An enrolled person has a right to receive an accounting of disclosures of his/her Protected Health Information or other information in the designated record set. The following disclosures do not have to be included in the accounting:

- a. Disclosures for treatment, payment or healthcare operations;
- b. Disclosures to the enrolled person;
- c. Disclosures occurring with enrolled person's written authorization;
- d. Incidental uses or disclosures;
- e. For the system directory or other persons involved in the enrolled person's care;

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f. To National security or intelligence;

g. To correctional institutions or law enforcement as provided in 164.512 (k) (5); or

h. Disclosures occurring prior to compliance date of April 14, 2003

ADHS/DBHS may temporarily suspend the right of the enrolled person to receive an accounting of disclosures as permitted under the HIPAA rule. For more detail about temporary suspension please see [Section 010](#) Accounting of Disclosures of Protected Health Information.

The ADHS/DBHS HIPAA Analyst is designated as the person/position title responsible for receiving requests for an accounting of disclosures made of enrolled persons' Protected Health Information.

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SECTION 005: Provision of Privacy Notice

A. PURPOSE:

To issue instructions to all ADHS/DBHS workforce members regarding the provision of a notice of privacy practices to enrolled persons.

B. PRIVACY NOTICE REQUIREMENTS:

Generally: Pursuant to 45 CFR 164.520, an enrolled person has a right to adequate notice of the uses and disclosures of his/her Protected Health Information that may be made by or on behalf of ADHS/DBHS, and of the enrolled person's rights and ADHS/DBHS' legal duties with respect to his/her Protected Health Information.

Revisions to the Notice: ADHS/DBHS will promptly revise and distribute the HIPAA privacy notice whenever there is a material change to the uses or disclosures, the enrolled person's rights, the Covered Entity's legal duties, or other privacy practices described in the notice.

Provision of Notice: The ADHS/DBHS HIPAA Privacy Notice is posted on the ADHS/DBHS web site and is available electronically from the web site at <http://www.hs.state.az.us/bhs/index.htm>.

Documentation Requirements: ADHS/DBHS retains copies of Privacy Notices issued for a period of at least six years.

Please see Appendix C: [ADHS/DBHS Notice of Privacy Practices](#) for a copy of the notice.

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SECTION 006: Complaint/Grievance Process for Alleged Violations of Rights Relating to Protected Health Information

A. PURPOSE:

To issue instructions to all ADHS/DBHS workforce members regarding requirements for acceptance of, response to, and documentation of enrolled persons' complaints/grievances about alleged violations of enrolled members' privacy rights relating to Protected Health Information and emanating only from ADHS/DBHS or its workforce.

Complaints/grievances involving Tribal or Regional Behavioral Health Authority privacy violations are not covered by this process and are handled by the Tribal or Regional Behavioral Health Authorities according to their policies and procedures.

B. COMPLAINT/GRIEVANCE REQUIREMENTS:

HIPAA grants enrolled persons specific rights relating to their health information, many of which overlap with patient/client rights mandated by state law. Specifically, in addition to privacy rights related to their Protected Health Information, enrolled persons are granted the right to:

- a. access Protected Health Information in the designated record set,
- b. request restrictions on uses or disclosures of their Protected Health Information,
- c. request that communications related to Protected Health Information be confidential,
- d. request amendment of Protected Health Information in the designated record set, and
- e. receive an accounting of disclosures of their Protected Health Information.

HIPAA also mandates that a process be in place for enrolled persons to complain about ADHS/DBHS' privacy related requirements or ADHS/DBHS' compliance with those requirements.

The ADHS/DBHS Manager of Grievance and Appeals is designated as the person/position title responsible for receiving complaints/grievances relating to enrolled persons' privacy rights and rights to access their designated record set. Please see Appendix H: [Complaint Regarding Violation of Privacy of Protected Health Information](#) form.

When a HIPAA related complaint/grievance is communicated to any ADHS/DBHS workforce member, that workforce member shall immediately notify the ADHS/DBHS Manager of Grievance and Appeals and shall inform the grievant of the name and contact information for the ADHS/DBHS Manager of Grievance and Appeals.

If the ADHS/DBHS Manager of Grievance and Appeals is a subject of the complaint/grievance, the grievant shall be referred directly to the ADHS Agency Privacy Officer, who will act as the complaint resolution agent for purposes of that complaint/grievance.

The ADHS/DBHS Manager of Grievance and Appeals shall also give the grievant information about his/her right to file a complaint with the U.S. Secretary of Health and Human Services.

The ADHS/DBHS Manager of Grievance and Appeals shall investigate the circumstances of the alleged HIPAA privacy rights violation in accordance with the grievance procedures set forth in this manual and if appropriate, shall take all reasonable steps to mitigate the effects of any violation. In investigating and acting on the complaint/grievance, the ADHS/DBHS Manager of Grievance and Appeals may consult with the ADHS Agency Privacy Officer.

The enrolled person (grievant) may file a privacy complaint up to 365 days from the date the grievant knew that the act or omission complained of occurred. Within 5 working days, ADHS/DBHS will inform the grievant in writing of the receipt of their complaint and the action to be taken (summary disposition,

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disposition without investigation, or investigation). If an investigation is necessary, it will be completed within 30 days and a written resolution/disposition will be issued to the grievant within 5 working days from the completion of the investigation.

An extension of the timeline is permissible upon a showing of necessity. The request for extension must be in writing, copied to all parties, explain the reason(s) why an extension is necessary, and be submitted prior to the expiration of the original time period.

The ADHS/DBHS Manager of Grievance and Appeals shall communicate the results of the investigation and resolution of the complaint/grievance to the grievant and to the ADHS Agency Privacy Officer. If the grievant is dissatisfied with the result, he/she shall be informed of the right to file the complaint/grievance with the U.S. Secretary of Health and Human Services.

If the results of the investigation indicate that an ADHS/DBHS workforce member made an unauthorized use or disclosure of Protected Health Information, or otherwise violated the HIPAA Privacy Rule and Regulations, the ADHS/DBHS Manager of Grievance and Appeals shall report such finding to the ADHS Agency Privacy Officer, who must also report such finding to the workforce member's supervisor. In accordance with **ADHS Level One policy and procedure OHR009 Discipline, effective 04/02/02, and its amendments**, ADHS/DBHS will apply disciplinary actions, as appropriate, to members of its workforce who fail to comply with the ADHS/DBHS HIPAA Privacy Manual requirements or who fail to comply with the HIPAA Privacy Rule.

ADHS/DBHS transmits HIPAA privacy complaint/grievance information to the ADHS Agency Privacy Officer regarding any HIPAA Privacy Violation and maintains HIPAA complaint/grievance documentation in accordance with ADHS and ADHS/DBHS policy and procedure. The documentation must be maintained for a minimum period of six (6) years from the date of final resolution.

There shall be no retaliation against any enrolled person, ADHS workforce member, the ADHS/DBHS Manager of Grievance and Appeals, or the ADHS Agency Privacy Officer for having filed or assisted in the filing of a complaint/grievance, or for investigating or acting on a complaint/grievance. Any workforce member who becomes aware of any such retaliatory action shall immediately notify the ADHS Agency Privacy Officer.

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**SECTION 007: Uses or Disclosure of Protected Health Information
Permitted Without Authorization**

A. PURPOSE:

To issue instructions to all ADHS/DBHS workforce members regarding the use and disclosure of Protected Health Information permitted without an authorization.

B. REQUIREMENTS:

1. Treatment, Payment or Health Care Operations

With the exception of protected health information related to HIV or other Confidential Communicable Disease, ADHS/DBHS may use or disclose Protected Health Information for its payment or healthcare operations and for treatment activities delivered by its contracted health plans/health care providers and their subcontracted health care providers, provided that such use or disclosure is consistent with state and federal laws.

With the exception of protected health information related to HIV or other Confidential Communicable Disease, ADHS/DBHS may disclose Protected Health Information to another covered entity, to a covered component/function of the State of Arizona Hybrid Covered Entity, agencies or organizations or vendors with which there is a current agreement for the enrolled person's care or services, business associates of the ADHS/DBHS, a health care provider for the payment activities of the entity that received the information, or other health care providers including mental health providers and social service and welfare agencies.

Payment:

Payment activities undertaken by ADHS/DBHS include those to obtain premiums, or to determine or fulfill ADHS/DBHS' responsibility for coverage, and provision of behavioral health care benefits, and to obtain or provide reimbursement for the provision of behavioral health care, including but not limited to:

- a. determinations of eligibility (Non Title XIX) or coverage (including coordination of benefits or the determination of cost sharing amounts)
- b. adjudication or subrogation of claims
- c. risk adjusting amounts due based on enrolled person's health status and demographic characteristics
- d. billing
- e. claims management
- f. collection activities
- g. obtaining payment under a contract for reinsurance including stop-loss insurance and excess of loss insurance
- h. related health care data processing
- i. review of health care services with respect to medical necessity, coverage under a plan, appropriateness of care or justification of charges
- j. utilization review activities
 - a. precertification of services
 - b. preauthorization of services
 - c. concurrent review of services
 - d. retrospective review of services
- k. disclosure to consumer reporting agencies of any of the following Protected Health Information relating to collection of premiums or reimbursement:
 - a. name and address
 - b. date of birth
 - c. social security number
 - d. payment history
 - e. account number
 - f. name and address of the health care provider and/or health plan

Health Care Operations:

With the exception of protected health information related to HIV or other Confidential Communicable

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Disease, ADHS/DBHS may use or disclose Protected Health Information to another covered entity, a covered component/function of the State of Arizona Hybrid Covered Entity, agencies, or organizations or vendors with which there is a current agreement for the enrolled person's care or services, business associates of the ADHS/DBHS, other health care providers including mental health providers and social service and welfare agencies, or a health care provider for health care operations activities of the entity that receives the information, if each entity either has or had a relationship with the ADHS/DBHS enrolled person who is the subject of the Protected Health Information being requested, the Protected Health Information pertains to such relationship and the disclosure is for the purpose of:

- a. health care fraud or abuse detection or compliance
- b. quality assessment and improvement activities
- c. outcomes evaluation
- d. development of clinical guidelines
- e. population based activities relating to improving health or reducing health care costs
- f. protocol development
- g. case management
- h. care coordination
- i. contacting health care providers and enrolled persons with information about treatment alternatives
- j. related functions that do not include treatment
- k. reviewing the competency or qualifications of health care professionals
- l. evaluating practitioner and provider performance
- m. evaluating health plan performance
- n. conducting training programs in which students, trainees or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers
- o. training non-health care professionals,
- p. accreditation activities
- q. certification activities
- r. licensing activities
- s. credentialing activities
- t. underwriting, premium rating and other activities related to the creation, renewal or replacement of a contract of health insurance or health benefits
- u. ceding, securing or placing a contract for reinsurance of risk relating to claims for health care including stop-loss insurance and excess of loss insurance
- v. conducting or arranging for
 - a. medical review
 - b. legal services
 - c. auditing functions including fraud or abuse detection or compliance programs
- w. business planning and development
- x. conducting cost-management and planning-related analysis related to managing and operating ADHS/DBHS including formulary development and administration, development or improvement of methods of payment or coverage policies
- y. business management and general administrative duties of ADHS/DBHS including but not limited to:
 - a. management activities relating to implementation of and compliance with HIPAA
 - b. customer service including provision of data analysis for policy holders, plan sponsors, or other customers provided that Protected Health Information is not disclosed to such policy holder, plan sponsor or customer
 - c. resolution of internal grievances
 - d. the sale, transfer, merger or consolidation of all or part of ADHS/DBHS with another covered entity or an entity that following such activity will become a covered entity and due diligence related to such activity
 - e. creating of de-identified health information or a limited data set, and
 - f. fundraising for the benefit of the covered entity.

2. Family members actively participating in the enrolled person's care, treatment or supervision

Limited Protected Health Information may be disclosed to family members actively participating in the enrolled person's care, treatment or supervision, e.g.,

- diagnosis,
- prognosis,
- need for hospitalization,

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- anticipated length of stay,
- discharge plan,
- medication,
- medication side effects and
- short-term and long-term treatment goals

Under A.R.S. 36-509 (B), an agency or nonagency treating professional shall release the limited Protected Health Information only after the treating professional or that person's designee interviews the enrolled person undergoing treatment or evaluation to determine whether or not release is in that person's best interests. A decision to release or withhold information is subject to review pursuant to section A.R.S. 36-517.01. The treating agency shall record the name of any person to whom information is given.

If the enrolled person is present when protected health information is requested by a family member or other individual directly involved in the enrolled person's care, the enrolled person must be given the opportunity to object to the disclosure of the protected health information. If the enrolled person agrees to the disclosure or does not express an objection to the disclosure, only the protected health information directly relevant to the person's involvement with the enrolled person's care or payment may be disclosed.

If the enrolled person is not present or the opportunity to agree or object to the use or disclosure cannot practicably be provided because of the enrolled person's incapacity or an emergency circumstance, ADHS/DBHS may, in the exercise of professional judgment, determine whether the disclosure is in the best interests of the enrolled person and, if so, disclose only the protected health information that is directly relevant to the requester's involvement in the enrolled person's health care. Please see [Section 008 B.2.A. Use or Disclosure of Protected Health Information Where Authorization, Agreement or Opportunity to Object is Required](#) for more detail on this issue.

4. Public Responsibility Uses and Disclosures of Protected Health Information

State and federal law permits or requires certain uses or disclosures of Protected Health Information for various purposes related to public responsibility. Such uses and disclosures may be made without the agreement or authorization of the enrolled person. The following uses and disclosures fall within this category:

A. Health Oversight Activities:

ADHS/DBHS may use or disclose Protected Health Information to a health oversight agency for health oversight activities authorized by law including:

- a. audits,
- b. civil, administrative or criminal investigations,
- c. inspections,
- d. licensing agencies,
- e. board of medical examiners,
- f. licensure or disciplinary actions,
- g. civil, administrative or criminal proceedings or actions, or
- h. other activities necessary for the appropriate oversight of the
 1. health care system,
 2. government benefit programs for which health information is relevant to beneficiary eligibility,
 3. entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards, or
 4. entities subject to civil rights laws for which health information is necessary for determining compliance.

Specifically excluded from this category are investigations of an enrolled person that are not related to receipt of health care, a claim for public benefits related to health, or the qualification for, or receipt of, public benefits or services when an enrolled person's health is integral to the claim for public benefits or services.

B. Public Health Activities:

1. Control disease or injury:

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Protected health information may be disclosed to a health oversight agency or public health authority authorized by law to collect or receive information for the purpose of preventing or controlling disease, injury, or disability, including but not limited to:

- a. the reporting of disease or injury,
- b. reporting vital events such as birth and death,
- c. conducting public health surveillance, investigations or interventions, or
- d. by direction of a public health authority to an official of a foreign government agency that is acting in collaboration with a public health authority.

Please see [Appendix L](#): Arizona Behavioral Health Preemption Guide for further detail on this issue.

2. Reporting Abuse or Neglect:

ADHS/DBHS may disclose Protected Health Information to a public authority or other appropriate government authority authorized by law to receive reports of incapacitated or vulnerable adult abuse, neglect, or exploitation, if the enrolled person agrees to the disclosure or the extent the disclosure complies with or is expressly authorized in A.R.S. 46-454. ADHS/DBHS may disclose the minimum necessary Protected Health Information to a peace officer or Adult Protective Services worker when investigating the enrolled person's alleged abuse, neglect or exploitation. ADHS/DBHS must then promptly inform the enrolled person that such a report has been made except if ADHS/DBHS believes, in the exercise of professional judgement, that informing the enrolled person would place the enrolled person at risk of serious harm or ADHS/DBHS would be informing a personal representative and ADHS believes the personal representative is responsible for the abuse, neglect or other injury and that informing the personal representative would not be in the best interests of the enrolled person.

ADHS/DBHS may disclose Protected Health Information to a public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect. ADHS/DBHS may disclose the minimum necessary Protected Health Information to a peace officer or Child Protective Services worker when investigating the enrolled person's alleged abuse, neglect or exploitation.

ADHS/DBHS may disclose Protected Health Information to the appropriate government authority to receive reports of an enrolled person's abuse secondary to domestic violence. Upon written request, ADHS/DBHS may disclose the minimum necessary Protected Health Information to an authorized government authority when investigating the enrolled person's alleged abuse. ADHS/DBHS must then promptly inform the enrolled person that such a report has been made except if ADHS/DBHS believes, in the exercise of professional judgement, that informing the enrolled person would place the enrolled person at risk of serious harm or ADHS/DBHS would be informing a personal representative and ADHS believes the personal representative is responsible for the abuse, neglect or other injury and that informing the personal representative would not be in the best interests of the enrolled person.

C. Food and Drug Administration:

ADHS/DBHS may disclose Protected Health Information to a person subject to the jurisdiction of the Food and Drug Administration (FDA) regarding his/her responsibility for quality, safety or effectiveness of an FDA regulated product or activity, to collect or report adverse events, product defects or problems, track FDA-regulated products, enable product recalls, repairs or replacements, or lookbacks, or conduct post-marketing surveillance;

D. Coroners or medical examiners:

ADHS/DBHS may disclose Protected Health Information to coroners or medical examiners to identify a deceased enrolled person or to determine cause of death.

E. Organ procurement:

ADHS/DBHS may disclose Protected Health Information to a designated organ procurement organization and tissue and eye banks.

F. Required by Law:

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ADHS/DBHS may use or disclose Protected Health Information to the extent such use or disclosure complies with and is limited to the requirements of law.

ADHS/DBHS may disclose Protected Health Information in the course of any judicial or administrative proceeding, in response to a court order, court ordered warrant issued by a judicial officer, a subpoena or grand jury subpoena, administrative request, civil or an authorized demand, similar process authorized by law, or administrative tribunal provided that ADHS/DBHS discloses only the Protected Health Information expressly authorized by the court order.

ADHS/DBHS may use or disclose Protected Health Information related to implementation of the *Jason K Settlement Agreement*, including disclosing said information to other state agency workforce members involved in the care and treatment or payment for children and families receiving services through the Arizona publicly funded behavioral health system. As of April 14, 2003, state agencies having declared themselves as covered components of the Arizona State Hybrid Covered Entity include:

Department of Economic Security/Division of Developmental Disabilities;
Department of Economic Security/Division for Children Youth and Families;
Department of Economic Security/Comprehensive Medical and Dental Plan;
Department of Economic Security/Refugee Resettlement;
Department of Economic Security/Arizona Families First Program and Subcontractors;

and other state agencies as they are determined.

ADHS/DBHS may use or disclose protected health information related to the *Arnold v Sarn* judgement and its subsequent court orders including disclosing said information to the Office of the Court Monitor.

ADHS/DBHS may use or disclose Protected Health Information from or to the Arizona Center for Disability Law, in its capacity as the federally mandated protection and advocacy agency for the state of Arizona.

Protected Health Information may be disclosed in response to a subpoena, discovery request, or other lawful process that is not accompanied by an order of a court or administrative tribunal if ADHS/DBHS received satisfactory assurance from the party seeking the information that reasonable efforts have been made by such party to ensure that the enrolled person who is the subject of the Protected Health Information has been given notice of the request or the party seeking the information has made reasonable efforts to secure a qualified protective order.

G. Law Enforcement:

Protected Health Information may be disclosed for the following law enforcement purposes and under the specified conditions:

1. Certain Injuries or Wounds:

ADHS/DBHS may disclose Protected Health Information as required by law, including laws that require reporting of certain types of wounds or other physical injuries.

2. Court Order, Court Ordered Warrant, Summons, Subpoena, Grand Jury Subpoena, Administrative Request:

ADHS/DBHS may disclose Protected Health Information in compliance with and as limited by the relevant requirements of a court order or court-ordered warrant, subpoena or summons issued by a judicial officer; a grand jury subpoena, or an administrative request or a civil or an authorized investigative demand, or other similar process authorized under law. These disclosures may be made provided that:

- a. The information sought is relevant and material to a legitimate law enforcement inquiry;
- b. The request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and
- c. de-identified information could not reasonably be used.

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3. Suspect, Fugitive, Material Witness, or Missing Person:

ADHS/DBHS may disclose Protected Health Information to secure the return of a patient of the Arizona State Hospital or in response to a law enforcement official's request for information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person provided that only the following information, if known to ADHS/DBHS, is disclosed:

- a. name and address
- b. date and place of birth
- c. social security number
- d. ABO blood type and rh factor
- e. Type of injury
- f. Date and time of treatment
- g. Date and time of death, if applicable, and
- h. A description of distinguishing characteristics including height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or moustache) scars and tattoos.

4. Death of an enrolled person suspected as result of criminal conduct:

ADHS/DBHS may disclose a decedent's Protected Health Information to alert law enforcement to an enrolled person's death if ADHS/DBHS suspects that the death resulted from criminal conduct.

5. Enrolled Person is Victim of a Crime:

ADHS/DBHS may disclose Protected Health Information in response to a law enforcement official's request for such information about an enrolled person who is or is suspected to be a victim of a crime if the enrolled person agrees to the disclosure, or ADHS/DBHS is unable to obtain the enrolled person's agreement because of incapacity or other emergency circumstance provided that:

- a. The law enforcement official represents that such information is needed to determine whether a violation of law by a person other than the victim has occurred, and Such information is not intended to used against the victim;
- b. The law enforcement official represents that immediate law enforcement activity that depends on the disclosure would be materially and adversely affected by waiting until the enrolled person is able to agree to the disclosure; and
- c. The disclosure is in the best interests of the enrolled person as determined by ADHS/DBHS in the exercise of professional judgment.

6. Good Faith Belief of Criminal Conduct on ADHS/DBHS Premises:

ADHS/DBHS may disclose Protected Health Information to a law enforcement official that ADHS/DBHS believes in good faith constitutes evidence of criminal conduct that occurred on the premises of ADHS/DBHS.

7. Reporting a Crime in Emergency Situations:

ADHS/DBHS may disclose Protected Health Information to a law enforcement official in order to report a crime in emergency situations.

ADHS/DBHS may disclose Protected Health Information to ambulance attendants in accordance with A.R.S. 12-2294.

H. Decedents:

Protected Health Information may be disclosed to coroners, medical examiners or funeral directors, as necessary for carrying out their duties, and to designated cadaver organ, eye or tissue donation procurement organizations, and tissue and eye banks.

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I. Specialized Government Functions:

1. Military and veteran activities:

ADHS/DBHS may use and disclose Protected Health Information for enrolled persons who are Armed Forces and foreign military personnel for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission, if the appropriate military authority has published by notice in the Federal Register the following information:

- a. appropriate military command authorities, and
- b. the purposes for which the Protected Health Information may be used or disclosed.

2. Intelligence and National Security:

ADHS may disclose Protected Health Information to authorized federal officials for the conduct of lawful intelligence, counter intelligence, and other activities authorized by the National Security Act.

3. Protective Services for the President and Others:

ADHS/DBHS may disclose Protected Health Information to authorized federal officials for the provision of protective services to the President, foreign heads of state, others designated by law, and for the conduct of criminal investigations of threats against such persons.

4. Correctional and law enforcement official:

ADHS/DBHS may disclose Protected Health Information to a correctional institution or a law enforcement official having lawful custody of an enrolled person if the correctional institution or law enforcement official represents that such Protected Health Information is necessary for:

- a. the provision of health care to the enrolled person;
- b. the health and safety of the enrolled person or other inmates;
- c. the health and safety of the officers or employees or others at the correctional institution;
- d. the health and safety of such individuals, officers, or other persons responsible for the transporting of inmates or their transfer from one institution, facility, or setting to another;
- e. law enforcement on the premises of the correctional institution;
- f. securing the return of a patient of the Arizona State Hospital; and
- g. the administration and maintenance of the safety, security and good order of the correctional institution.

5. Public Benefits:

Protected Health Information relevant to administration of a government program providing public benefits may be disclosed to another governmental program providing public benefits serving the same or similar populations as necessary to coordinate program functions or improve administration and management of program functions.

J. Avert Serious Threat to Health or Safety

ADHS/DBHS may disclose Protected Health Information if, in good faith, ADHS/DBHS believes the disclosure is necessary to prevent harm, or prevent or lessen a serious and imminent threat to the health and safety of a person or the public, including the target of the threat. Disclosures may be made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Disclosures may be made if it is necessary for law enforcement authorities to identify or apprehend an enrolled person because of a statement by the enrolled person admitting participation in a violent crime that ADHS/DBHS reasonable believes may have caused serious physical harm to the victim, or where it

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appears from all the circumstances that the enrolled person has escaped from a correctional institution or from lawful custody.

K. Workers' Compensation:

Protected Health Information may be disclosed as authorized and to the extent necessary to comply with laws relating to workers' compensation and other similar programs.

L. Reporting ADHS/DBHS Conduct By a Workforce Member

An ADHS/DBHS workforce members may report Protected Health Information to his/her attorney or a health oversight agency, public health authority or health care accreditation organization related to a good faith belief that ADHS/DBHS has engaged in conduct that is unlawful or violates professional or clinical standards, or that care, services, or conditions provided by ADHS/DBHS potentially endangers one or more enrolled persons, workers or the public.

M. Personal Representatives

ADHS/DBHS may disclose Protected Health Information to persons acting as a personal representative for the enrolled person including:

- a. a personal representative of an unemancipated minor,
- b. the guardian of a minor or permanent guardian of a minor who is a dependent child,
- c. a person delegated powers by a parent or guardian,
- d. a guardian of an incapacitated person,
- e. a surrogate health care decision maker,
- f. health care decision makers,
- g. married or homeless minors,
- h. an agent appointed under a health care directive,
- i. a person with legal authority to act on behalf of a deceased individual or the estate, or
- j. an agent under mental health care power of attorney;

Please see [Appendix L](#): Arizona Behavioral Health Preemption Guide for further detail on this issue.

N. Research

Persons doing research if the information is de-identified as prescribed in HIPAA. Identifying information requires the enrolled person's authorization or a waiver of authorization as prescribed in HIPAA. Please see [Appendix L](#): Arizona Behavioral Health Preemption Guide for further detail on this issue;

O. Sexually Violent Persons Program

The Sexually Violent Persons Program provided that the disclosure is limited to the purposes of the SVP Act or if ordered by the court or if the covered entity discloses for purposes of treatment, payment or health care operations - please see [Appendix L](#): Arizona Behavioral Health Preemption Guide for further detail on this issue;

P. Human Rights Committees

Human Rights Committees if the redacted information complies with HIPAA de-identification requirements and if identifying protected health information is requested by the Human Rights Committees for official purposes the disclosure is permitted without enrolled person authorization to the Committee in its capacity as a health oversight agency - please see [Appendix L](#): Arizona Behavioral Health Preemption Guide for further detail on this issue..

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**SECTION 008: Use or Disclosure of Protected Health Information
Where Authorization, Agreement or Opportunity To
Object Is Required**

A. PURPOSE:

To issue instructions to all ADHS/DBHS workforce members regarding the use and disclosure of Protected Health Information when use or disclosure is for purposes outside of those permitted by law.

B. REQUIREMENTS:

Except as otherwise permitted or required by HIPAA rules or Arizona Law, ADHS/DBHS may only use or disclose Protected Health Information so long as the consent obtained under the state statute A.R.S. 36-509(a)(2) meets the authorization requirements in HIPAA 164.508 for disclosures that require a valid authorization.

Under HIPAA, consent differs from authorization and is permissive, but not mandatory, for the disclosure of Protected Health Information for treatment, payment or health care operations as required or permitted under HIPAA.

The enrolled person may give consent to use or disclose protected health information for purposes of treatment, payment or health care operations; however such consent is not required under HIPAA. For more detail regarding this issue, please refer to [Appendix L](#): Arizona Behavioral Health Preemption Guide.

1. When Authorization is Required:

A. Psychotherapy Notes:

ADHS/DBHS must obtain an authorization for any use or disclosure:

- a. of psychotherapy notes, except to carry out the following treatment, payment or health care operations:
 - a. use by the originator of the psychotherapy notes for treatment;
 - b. use or disclosure by ADHS/DBHS for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family or individual counseling;
 - c. use or disclosure by ADHS/DBHS to defend itself in a legal action or other proceeding brought by the enrolled person;
- b. as required to the enrolled person
- c. as required to the Secretary of the U.S. Department of Health and Human Services; or
- d. use or disclosure as permitted: i.e.,
 - a. to the enrolled person,
 - b. for treatment, payment or health care operations,
 - c. pursuant to and compliant with a valid authorization,
 - d. pursuant to an agreement made with the enrolled person, or
 - e. in compliance with requirements for de-identification, limited data sets and for underwriting and related purposes.

B. Marketing:

ADHS/DBHS must obtain a valid authorization for any use or disclosure of Protected Health Information for marketing except if the communication is in the form of a face-to-face communication made by ADHS/DBHS to an enrolled person or a promotional gift of nominal value provide by ADHS/DBHS. If the marketing involves direct or indirect remuneration to ADHS/DBHS from a third party, the authorization must state that such remuneration is involved.

C. Department of Education or School Districts:

ADHS/DBHS must obtain a valid authorization from the enrolled person, or their parents, or legal guardian for any use or disclosure to the Department of Education or school districts of Protected Health Information

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for providing educational services. Please see [Appendix L](#): Arizona Behavioral Health Preemption Guide for further details regarding this issue.

D. Alcohol and Substance Abuse Authorizations and Requirements :

Protected Health Information obtained by a federally assisted program that provides substance abuse diagnosis, treatment, or referral for treatment related to substance abuse is kept strictly confidential and is used or disclosed only in accordance with the requirements of federal law (42 U.S.C. 290dd-3, 42 U.S.C. 290ee-3, and 42 C.F.R., Part 2).

Please see Appendix I: [Authorization for Disclosure of Substance Abuse or Confidential Communicable Disease/HIV Information](#). See [Appendix L](#): Arizona Behavioral Health Preemption Guide for further details regarding this issue.

E. HIV and Confidential Communicable Disease Requirements:

All Protected Health Information related to HIV is kept strictly confidential even if it is being used or disclosed for purposes of treatment, payment or health care operations and is used or disclosed only in accordance with the requirements of state law (A.R.S. § 36-664).

If a disclosure of confidential communicable disease related information is made pursuant to an authorization, the disclosure must be accompanied by a statement in writing which warns that the information is from confidential records which are protected by state law and that prohibits further disclosure of the information without specific written consent of the enrolled person to whom it pertains or as otherwise permitted by law.

An enrolled person may revoke an authorization at any time, provided that the revocation is in writing except to the extent that ADHS/DBHS has taken action in reliance on the authorization.

Please see Appendix I: [Authorization for Disclosure of Substance Abuse or Confidential Communicable Disease/HIV Information](#)

F. Legal Representatives of the Enrolled Person:

ADHS/DBHS must obtain a valid authorization for disclosure to persons legally representing the enrolled person, e.g. an attorney or advocate, unless the legal representative qualifies as a personal representative.

G. All Other Parties/Requesters Not Permitted Use or Disclosure as Specified in the HIPAA Rule or state law:

ADHS/DBHS must obtain a valid authorization for any other use or disclosure of Protected Health Information. These circumstances include, but are not limited to:

- Legislators,
- Governor's Office,
- Non-Custodial Parent in instances where a court order specifically limits access to health information – needs to be reviewed on a case by case basis with HIPAA Analyst and Attorney General,
- State or Federal Agencies or health care providers that are not covered entities or are not permitted disclosure under the HIPAA Rule or by federal or state law, and
- Persons in Child and Family Teams not associated with a state agency or health care provider.

H. Valid Authorizations:

Valid authorizations are written in language that is understandable and contain the following required elements:

- a. a description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion;
- b. the name or other specific identification of the person(s) or class of persons authorized to

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make the requested use or disclosure;

- c. the name or other specific identification or the person(s) or class of persons to whom the covered entity may make the requested use or disclosure;
- d. a description of each purpose of the requested use or disclosure; the statement "at the request of the enrolled person" is a sufficient description of the purpose when an enrolled person initiates the authorization and does not, or elects not to, provide a statement of purpose;
- e. an expiration date or an expiration event that relates to the enrolled person or the purpose of the use or disclosure; the statement "end of the research study," "none," or similar language is sufficient if the authorization is for a use or disclosure of Protected Health Information for research, including the creation and maintenance of a research database or research repository;
- f. the signature of the enrolled person and date; and
- g. if the authorization is signed by a personal representative of the enrolled person, a description of such representative's authority to act for the enrolled person must also be provided.

The following statements are required for inclusion in the authorization:

- a. the enrolled person has the right to revoke the authorization in writing;
- b. there are not conditions for treatment, payment, enrollment or eligibility for benefits on whether the enrolled person signs the authorization; and
- c. there is potential for the Protected Health Information disclosed to be subject to redisclosure by the recipient and it may no longer be protected with the exception of HIV or other confidential communicable disease information which is prohibited from redisclosure.

An authorization is not valid if any of the following defects exist:

- a. the expiration date has passed;
- b. the expiration event is known by ADHS/DBHS to have occurred,
- c. the authorization has not been filled out completely;
- d. the authorization has been known by ADHS/DBHS to have been revoked;
- e. any material information in the authorization is known by ADHS/DBHS to be false;
- f. the authorization does not meet requirements for a compound authorization;
- g. ADHS/DBHS has conditioned the provision of treatment, payment, enrollment in the publicly funded behavioral health system, or eligibility for Non-Title XIX benefits on the provision of an authorization except as:
 - a. relating to the provision of research related treatment; or
 - b. relating to enrollment in the publicly funded behavioral health system if the authorization is sought for ADHS/DBHS' eligibility or enrollment determinations relating to the individual or ADHS/DBHS' underwriting or risk rating determinations and the authorization is not for use or disclosure of psychotherapy notes.

Please see Appendix I: [Authorization for Use or Disclosure of Protected Health Information](#)

I. Revocation of a Valid Authorization:

An enrolled person may revoke an authorization at any time provided that the revocation is in writing, except to the extent that:

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- a. there has been action taken in reliance on the authorization; or
- b. if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

J. Documentation of the Authorization:

ADHS/DBHS will keep documentation of any signed authorization for six (6) years from the date of creation or the date when it was last in effect, whichever is later.

2. When an Agreement or an Opportunity to Object is Required:

In the following circumstances, ADHS/DBHS may disclose Protected Health Information as outlined in HIPAA provided the enrolled person is informed in advance of the use or disclosure and the enrolled person has the opportunity to agree to, object to, and limit or restrict the use or disclosure.

A. Involvement in Enrolled Person's Care:

ADHS/DBHS may disclose to a family member, other relative, a close personal friend of the enrolled person, or any other person identified by the enrolled person, the Protected Health Information directly relevant to such person's involvement with the enrolled person's care or payment, if the enrolled person is given an opportunity to verbally agree or object to the disclosure.

ADHS is required to either:

- a. obtain the enrolled person's verbal agreement;
- b. provide the enrolled person with the opportunity to verbally object to the disclosure and the enrolled person does not object;
- c. if the enrolled person is not present, or cannot be provided the opportunity to agree or object because of the enrolled person's incapacity, ADHS/DBHS may, in the exercise of professional judgment, determine whether the disclosure is in the best interests of the enrolled person and, if so, disclose only the Protected Health Information that is directly relevant to the person's involvement with the enrolled person's health care.

Please refer to Section 007 Use or Disclosure of Protected Health Information Permitted Without Authorization, Part B.2. for further information regarding release of limited protected health information to family members actively involved in the enrolled person's treatment.

B. Notification:

- a. ADHS/DBHS may use or disclose Protected Health Information to notify, or assist in the notification of (including identifying or locating), a family member, a personal representative of the enrolled person, or another person responsible for the care of the enrolled person of the following:
 - a. The enrolled person's location;
 - b. The enrolled person's general condition; or
 - c. The enrolled person's death.
- b. If the enrolled person is present for, or otherwise available prior to, a use or disclosure to a family member, other relative, a close personal friend of the enrolled person, or any other person identified by the enrolled person, and the enrolled person is capable of making health care decisions, ADHS/DBHS must either:
 - a. Obtain the enrolled person's verbal agreement;
 - b. Provide the enrolled person with the opportunity to object to the disclosure and the

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enrolled person does not object; or

- c. Reasonably infer from the circumstances, based on the exercise of professional judgment, that the enrolled person does not object to the disclosure.
- c. If the enrolled person is not present, or cannot be provided the opportunity to agree or object because of the enrolled person's incapacity, ADHS/DBHS may, in the exercise of professional judgment, determine whether the disclosure is in the best interests of the enrolled person and, if so, disclose only the Protected Health Information that is directly relevant to the person's involvement with the enrolled person's health care.

C. Disaster relief:

To the extent that ADHS/DBHS in the exercise of its professional judgment, determines that it will not interfere with the ability to respond to emergency circumstances, ADHS/DBHS may use or disclose Protected Health Information from or to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities the enrolled person's location, general condition, or death.

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SECTION 009: Disclosure of Protected Health Information for Research Purposes

A. PURPOSE:

To provide the ADHS/DBHS workforce with instructions relating to the use or disclosure of Protected Health Information for research purposes.

B. RESEARCH REQUIREMENTS:

ADHS/DBHS may conduct research if the enrolled person signs a valid authorization agreeing to participate in the research.

ADHS/DBHS is permitted to use or disclose Protected Health Information for research without authorization provided that:

- a. documentation is obtained that an alteration to or waiver, in whole or in part, of the required authorization for use or disclosure of Protected Health Information has been approved by either an Institutional Review Board or a privacy board that meets the requirements of the HIPAA rule, and
- b. ADHS/DBHS obtains from the researcher representations that:
 - a. Use or disclosure is sought solely to review Protected Health Information as necessary to prepare a research protocol or for similar purposes preparatory to research,
 - b. No Protected Health Information is to be removed from ADHS/DBHS by the researcher in the course of the review, and
 - c. The Protected Health Information for which use or access is sought is necessary for the research purposes.

If research involves decedents' Protected Health Information, ADHS/DBHS obtains from the researcher:

- a. representation that the use or disclosure is sought solely for research on the Protected Health Information of decedents,
- b. documentation of the death of such individuals, and
- c. representation that the Protected Health Information for which use or disclosure is sought is necessary for research purposes.

If a waiver is obtained from the Institutional Review Board or privacy board, the documentation of the waiver must include all of the following:

- a. a statement identifying the IRB or privacy board (including the ADHS Human Subjects Committee and the Arizona State Hospital Research Committee) and the date on which the alteration or waiver of authorization was approved;
- b. a statement that the IRB or privacy board has determined that the alteration or waiver, in whole or in part, of authorization satisfies the following criteria:
 - a. the use or disclosure of Protected Health Information involves no more than a minimal risk to the privacy of enrolled persons based on, at least, the presence of the following elements:
 - i. an adequate plan to protect the identifiers from improper use and disclosure;
 - ii. an adequate plan to destroy the identifiers at the earliest opportunity consistent with conduct of the research unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law; and

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- iii. adequate written assurances that the Protected Health Information will not be reused or disclosed to any other person or entity, except as required by law, for authorized oversight of the research study;
- b. The research could not practicably be conducted without the waiver or alteration; and
- c. The research could not practicably be conducted without access to and use of the Protected Health Information.
- c. A brief description of the Protected Health Information for which use or access has been determined to be necessary by the IRB or privacy board;
- d. A statement that the alteration or waiver of authorization has been reviewed and approved under either normal or expedited review procedures, as follows:
 - a. An IRB must follow requirements of the Common Rule including the normal review procedures or the expedited review procedures as referenced in the HIPAA rule;
 - b. A privacy board must review the proposed research at convened meetings at which members of the privacy board are present as specified in the HIPAA rule;
 - c. The alteration or waiver of authorization must be approved by the majority of the privacy board members present at the meeting unless the privacy board elects to use an expedited review procedure in accordance with the HIPAA rule;
 - d. A privacy board may use an expedited review procedure if the research involves no more than minimal risk to the privacy of the enrolled persons who are the subject of the Protected Health Information for which use or disclosure is being sought; and
- e. The chair or other member, as designated by the chair, of the IRB or the privacy board, as applicable, must sign the documentation of the alteration or waiver of authorization.

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SECTION 010: Accounting for Disclosures of Protected Health Information

A. PURPOSE:

To issue instructions to all ADHS/DBHS workforce members regarding the provision of an accounting of disclosures of Protected Health Information.

B. REQUIREMENTS:

1. Right to Receive and Accounting:

In compliance with 45 CFR 164.528, an enrolled person has a right to receive an accounting of disclosures of Protected Health Information by ADHS/DBHS during a time period specified up to six (6) years prior to the date of the request for an accounting **except for the following disclosures:**

- a. To carry out treatment, payment and health care operations as permitted under law;
- b. To the enrolled person about his or her own information;
- c. For the system directory or to persons involved in the enrolled person's care, or other notification purposes permitted under law;
- d. Pursuant to the enrolled person's authorization;
- e. For national security or intelligence purposes;
- f. To correctional institutions or law enforcement officials as permitted under law
- g. As part of a limited data set; or
- h. That occurred prior to April 14, 2003.

To request an accounting of disclosures made by ADHS/DBHS, please use the form in Appendix J: [Request for an Accounting of Disclosures](#).

2. Temporary Suspension of Right:

ADHS/DBHS will temporarily suspend an enrolled person's right to receive an accounting of disclosures to a health oversight agency, public health authority or health care accreditation organization, or law enforcement official as provided in the HIPAA rule for the time specified by such agency or official, if the agency or official provides ADHS/DBHS a written statement asserting that the provision of an accounting would be reasonably likely to impede the activities of the agency or official and specifying a time period for the suspension.

If the agency or official statement is made orally, ADHS/DBHS must document the statement including the identity of the agency or official making the statement, temporarily suspend the enrolled person's right to an accounting of disclosures subject to the statement, and limit the temporary suspension to no longer than 30 days from the date of the oral statement unless a written statement is submitted during that time.

3. Content of the Accounting:

The written Accounting must meet the following requirements:

Other than as excepted above, the Accounting must include disclosures of Protected Health Information that occurred during the six (6) years (or such shorter time period as is specified in the request) prior to the date of the request, including disclosures by or to business associates;

The accounting for each disclosure must include:

- a. Date of disclosure;

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- b. Name of entity or person who received the Protected Health Information, and, if known, the address of such entity or person;
- c. A brief description of the Protected Health Information disclosed;
- d. A brief statement of the purpose of the disclosure that reasonably informs the enrolled person of the basis for the disclosure, or in lieu thereof, a copy of the enrolled person's authorization or the request for a disclosure;
- e. If, during the time period for the accounting, multiple disclosures have been made to the same entity or person for a single purpose, or pursuant to a single authorization, the accounting may provide the information as set forth above for the first disclosure, and then summarize the frequency, periodicity, or number of disclosures made during the accounting period and the date of the last such disclosure during the accounting period;
- f. If, during the period covered by the accounting, ADHS/DBHS has made disclosures of Protected Health Information for a particular research purpose for 50 or more individuals, the accounting may provide:
 - a. The name of the protocol or other research activity,
 - b. A description, in plain language, of the research protocol or other research activity including the purpose of research and the criteria for selecting particular records,
 - c. A brief description of the type of Protected Health Information that was disclosed,
 - d. The date or period of time during which such disclosures occurred, or may have occurred, including the date of the last such disclosure during the accounting period,
 - e. The name, address, and telephone number of the entity that sponsored the research and of the researcher to whom the information was disclosed, and
 - f. A statement that the Protected Health Information of the enrolled person may or may not have been disclosed for a particular protocol or other research activity.
- g. If, during the period covered by the accounting, ADHS/DBHS provides an accounting for research disclosures, and if it is reasonably likely that the Protected Health Information of the enrolled person was disclosed for such research protocol or activity, ADHS/DBHS shall, at the request of the enrolled person, assist in contacting the entity that sponsored the research and the researcher.

4. Provision of the Accounting:

The enrolled person's request for an accounting must be acted upon no later than sixty (60) days after receipt, as follows:

- a. Provide the accounting as requested, or
- b. If unable to provide the accounting within sixty (60) days, the time for response may be extended by no more than thirty (30) additional days, provided that:
 - i. Within the first sixty (60) days, the enrolled person is given a written statement of the reasons for the delay and the date by which the accounting will be provided; and
 - ii. There are no additional extensions of time for response.
- c. The first accounting in any twelve-month period must be provided to the enrolled person without charge. A reasonable, cost-based fee may be charged for additional accountings within the twelve month period, provided the enrolled person is informed in advance of the fee, and is permitted an opportunity to withdraw or amend the request.

ADHS/DHBS will provide a response to a request for an accounting by sending the requestor the [Response](#)

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[to a Request For Accounting of Disclosures](#) located in Appendix J.

5. Documentation Requirements: The entity must document and retain documentation, in written or electronic format, for a period of six years:

- a. All information required to be included in an accounting of disclosures of Protected Health Information;
- b. All written accountings provided to enrolled persons, and;
- c. The titles of persons or offices responsible for receiving and processing requests for an accounting from enrolled persons.

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SECTION 011: Definitions

Business Associate (BA) means a person or entity who, on behalf of the department, or an office, program or facility of the department, but not in the capacity of a workforce member, performs, or assists in the performance of, a function or activity involving the use or disclosure of Protected Health Information, or provides legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services involving disclosure of Protected Health Information.

Complaint means any concern communicated by a person questioning any act or failure to act relating to an enrolled person's rights to access his/her Protected Health Information or other information in the designated record set to maintain the privacy of his/her health information, to request restrictions on uses or disclosures of his/her Protected Health Information or other information in the designated record set, to request confidential communications regarding his/her Protected Health Information or other information in the designated record set, to request amendment of his/her Protected Health Information or other information in the designated record set, or to receive an accounting of disclosures of his/her Protected Health Information.

Covered Entity (CE) means a health plan, a health care clearinghouse, or a health care provider that transmits any health information in electronic form relating to any covered transaction. The State of Arizona is the Hybrid Covered Entity and ADHS/DBHS is a health plan under the HIPAA rule definition.

Designated Record Set means the enrollment, payment, claims adjudication, and case or medical management systems maintained by or for ADHS/DBHS as a health plan, or used, in whole or in part, by or for ADHS/DBHS to make decisions about enrolled persons. The ADHS/DBHS designated record set consists of all data fields and valid values contained in the Client Information System (CIS).

De-Identified Information means health information that does not identify an enrolled person and with respect to which there is no reasonable basis to believe that the information can be used to identify the enrolled person. Health information may be considered not to be individually identifiable in the following circumstances:

1. A person with appropriate knowledge and experience with generally acceptable statistical and scientific principles and methods determines that the risk is very small that the information could be used, alone or with other reasonably available information, to identify the enrolled person who is the subject of the information;

or

2. The following identifiers of the enrolled person (and relatives, employers or household members) have been removed:
 - a. names;
 - b. information relating to the enrolled person's geographic subdivision;
 - c. age;
 - d. telephone numbers;
 - e. fax numbers;
 - f. email addresses;
 - g. social security numbers;
 - h. medical record numbers;
 - i. health plan beneficiary numbers;
 - j. account numbers;
 - k. certificate or license numbers;
 - l. vehicle identifiers and serial numbers, including license plate numbers;
 - m. device identifiers and serial numbers;
 - n. Web Universal Resource Locators (URLs);
 - o. Internet Protocol (IP) address numbers;
 - p. biometric identifiers;
 - q. full face photographic images; and,
 - r. any other unique identifying number, characteristic or code.

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Disclosure means the release, transfer, provision of access to, or divulging in any other manner, of information outside the entity holding the information.

Family Member - Under A.R.S. 36-501 (14), "family member" means a spouse, parent, adult child, adult sibling or other blood relative of an enrolled person undergoing treatment or evaluation.

Grievance means a formal request for review of a HIPAA Privacy complaint or further review of any unresolved complaint related to an alleged HIPAA Privacy violation emanating from a member of the ADHS/DBHS workforce that may be initiated orally or in writing.

Grievant means the enrolled person who initiates a complaint or grievance.

Health Care Operations includes functions such as quality assessment and improvement activities, reviewing competence or qualifications of health care professionals, conducting or arranging for medical review, legal services and auditing functions, business planning and development, and general business and administrative activities.

Health Oversight Agency means a governmental agency or authority, or a person or entity acting under a grant of authority from, or a contract with, such a public agency, including the employees or agents of the public agency, its contractors and those to whom it has granted authority, that is authorized by law to oversee the public or private health care system or government programs in which health information is necessary to determine eligibility or compliance.

Hybrid Entity means a single legal entity that is a Covered Entity whose covered functions are not its primary functions.

Individually Identifiable Information means a subset of health information (including demographic information collected from an enrolled person or information created or received by a health care provider, health plan, employer or health care clearinghouse) that:

- identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and
- relates to the provision of health care to an individual, or
- the past, present, or future physical or mental health or condition of an individual, or
- the past, present, or future payment for the provision of health care to an enrolled person;

and includes the following data elements:

- a. names;
- b. information relating to the enrolled person's geographic subdivision;
 - a. zip code
 - b. census tract
 - c. street address
 - d. city
 - e. county
 - f. geographic service area
- c. age;
- d. telephone numbers;
- e. fax numbers;
- f. email addresses;
- g. social security numbers;
- h. medical record numbers;
- i. health plan beneficiary numbers;
 - a. AHCCCS ID
 - b. CIS ID
- j. account numbers;
 - a. Health Plan Name
- k. certificate or license numbers;
- l. vehicle identifiers and serial numbers, including license plate numbers;
- m. device identifiers and serial numbers;
- n. Web Universal Resource Locators (URLs);

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- o. Internet Protocol (IP) address numbers;
- p. biometric identifiers;
- q. full face photographic images; and,
- r. any other unique identifying number, characteristic or code.

Minimum Necessary requires ADHS/DBHS to take reasonable steps to limit the use of or disclosure to requests for Protected Health Information to the minimum necessary information to accomplish the intended purpose of the request.

Payment means activities undertaken to obtain or provide reimbursement for health care, including determinations of eligibility or coverage, billing, collections activities, medical necessity determinations and utilization review.

Personal Representative means a person who has authority under applicable law to make decisions related to health care on behalf of an adult or minor, or the parent, guardian, or other person acting in *loco parentis* who is authorized under law to make health care decisions on behalf of a minor, except where the minor is authorized by law to consent, on his/her own or via court approval, to a health care service.

Privacy Notice means the ADHS/DBHS Notice of Privacy Practices, relating to ADHS/DBHS' use and disclosure of Protected Health Information, as required under HIPAA regulations for distribution to all enrolled persons whose information will be collected by or on behalf of ADHS/DBHS.

Protected Health Information means individually identifiable information relating to the past, present or future physical or mental health or condition of an enrolled person, the provision of health care to an enrolled person, or the past, present or future payment for health care provided to an enrolled person. It does not include individually identifiable information in education records covered by the Family Educational Right and Privacy Act, as amended, 20 U.S.C. 1232g and 1232g(a)(4)(B)(iv); education records, files, documents and other materials which contain information directly related to a student and which are maintained by an educational agency or institution or by a person acting for such agency or institution; and employment records held by a covered entity in its role as an employer.

Psychotherapy notes means notes recorded in any medium by a health care provider who is a mental health professional documenting or analyzing the contents of a conservation during a private counseling session and that are separate from the rest of the enrolled person's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling sessions start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

Public Health Authority means a governmental agency or authority, or a person or entity acting under a grant of authority from or a contract with such a public agency, including the employees or agents of the public agency, its Contractors and those to whom it has granted authority, that is responsible for public health matters as part of its official mandate.

Treatment means the provision, coordination, or management of health care and related services, consultation between providers relating to an enrolled person, or referral of an enrolled person to another provider for health care.

Use means, with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

Workforce Members means employees, volunteers, trainees and other persons whose conduct, in the performance of work for ADHS/DBHS, its offices, programs or facilities, is under the direct control of ADHS/DBHS, regardless of whether they are paid by ADHS/DBHS.

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SECTION 012: Appendices

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Appendix A: ADHS/DBHS Workforce Training Materials

[Level 2 HIPAA Training Slides](#)

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EMPLOYEE CONFIDENTIALITY ACKNOWLEDGEMENT

I hereby acknowledge, by my signature below, that I understand that the Protected Health Information (PHI), other confidential records, and data related to enrolled persons to which I have knowledge and access to in the course of my employment with Arizona Department of Health Services, Division of Behavioral Health Services ADHS/DBHS is to be kept confidential and this confidentiality is a condition of my employment. This information shall not be disclosed to anyone under any circumstances, except to the extent necessary to fulfill my job requirements.

I am familiar with the HIPAA Privacy guidelines at ADHS/DBHS pertaining to the use and disclosure of PHI. Authorization should first be obtained before any disclosure of PHI as required in the HIPAA Privacy Manual.

I certify that I have received training in the HIPAA Privacy Rules

Signature: _____

Date: _____

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Appendix B: Minimum Necessary Criteria Checklist

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MINIMUM NECESSARY CRITERIA CHECKLIST

The Minimum Necessary standard for disclosure applies to:

- ☐ uses or disclosures requiring the enrolled person to have an opportunity to agree or object
- ☐ uses or disclosures by external business associates
- ☐ uses or disclosures that are permitted without authorization except for those required by law or for purposes of treatment, payment or health care operations or for public responsibility.

The Minimum Necessary Criteria Checklist is intended for use by the ADHS/DBHS Workforce to determine if disclosure to covered entities, business associates, by reason of law, or pursuant to and in compliance with a valid authorization is performed in compliance with the Minimum Necessary standard as required by HIPAA.

For non-routine disclosures of Protected Health Information, i.e., disclosures other than those permitted without authorization or pursuant to and in compliance with a valid authorization, the following criteria are applied. The ADHS/DBHS workforce member must complete each section below as part of the Minimum Necessary determination:

1. Identification and authority of the requesting party has been verified* by means of:
2. What is the specific purpose of the request?:
3. What is the specific Protected Health Information being requested?:
4. Will a summary of the Protected Health Information requested achieve the intended purpose?:
6. Will de-identified or aggregate information achieve the intended purpose?:
Has the requesting party <input type="checkbox"/> attempted, or <input type="checkbox"/> obtained an authorization from the enrolled person?:

Verification:

ADHS/DBHS may rely on any of the following to verify the identity of a public official or person acting on the public official's behalf:

- if the request is made in person, an agency identification badge, other official credentials, or other proof of government status;
- if the request is made in writing, the request is on appropriate government letterhead;
- if the disclosure is to a person acting on behalf of the public health official, a written statement on appropriate government letterhead that the person is acting under the government's authority or similar evidence that establishes the person's identity;
- a written statement on appropriate government letterhead of the legal authority under which the information is requested, or if impracticable, an oral statement; or
- if the request is made pursuant to legal process, warrant, subpoena, order or other legal process, it is presumed to constitute legal authority.

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Division of Behavioral Health Services HIPAA Privacy Manual**

Appendix C: ADHS/DBHS Notice of Privacy Practices

Arizona Department of Health Services

Division of Behavioral Health Services HIPAA Privacy Manual

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Our Duty to Safeguard Your Protected Health Information

Individually identifiable information, maintained in the ADHS/DBHS designated record set, about your past, present, or future health or condition, the provision of behavioral health care to you, or payment for the behavioral health care is considered "Protected Health Information" (PHI).

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) may change our policies at any time. However, before we make a material revision to our policies, we will change our notice of information practices and deliver the revised notice as required by law. The revised notice will be effective for all Protected Health Information that we maintain at that time. Except when required by law, a material change to any term of the notice may not be implemented prior to the effective date of the notice in which such material change is reflected.

You can also request a copy of our notice at any time by accessing our website at <http://www.hs.state.az.us/bhs/index.htm> or by calling the office and requesting that a revised copy be sent to you in the mail. For more information about our privacy practices, please see the contact person listed on page 3.

How We May Use and Disclose Your Protected Health Information

The ADHS/DBHS uses or discloses PHI for a variety of reasons. We have a limited right to use or disclose your PHI for purposes of treatment, payment and behavioral health care operations. For uses or disclosures, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. You also have the right to revoke your authorization. If we disclose your PHI to a business associate in order for that entity to perform a function on our behalf, we must have in place an agreement from the business associate that it will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted to make some uses or disclosures without your consent or authorization. The following offers more description and some examples of our potential uses or disclosures of your PHI.

Uses and Disclosures Relating to Treatment, Payment, or Behavioral Health Care Operations.

Generally, we may use or disclose your PHI as follows:

For treatment: We may use or disclose your PHI to provide, coordinate, or manage your healthcare and any related services. For example, your PHI will be shared among members of your treatment team, or with the ADHS/DBHS staff. Your PHI may also be shared with outside entities performing other services relating to your treatment. Some of these services include communicating with health professionals and state agency workforce members to plan your care and treatment or for consultation. Your information may also be shared for treatment and care with the Regional Behavioral Health Authorities, Tribal Regional Behavioral Health Authorities and their subcontracted providers.

For payment: We may use or disclose your PHI in order to bill and collect payment for your behavioral health care services. For example, we may contact your employer to verify employment status, and/or release portions of your PHI to the "Arizona Medicaid Agency" (Arizona Health Care Cost Containment System [AHCCCS]) or the ADHS central office. We may also use or disclose your PHI to Regional Behavioral Health Authorities and Tribal Regional Behavioral Health Authorities and their subcontracted providers or a private insurer to get paid for services that we delivered to you.

For behavioral health care operations: We may use or disclose your PHI for behavioral health care operations. For example, members of the team may share PHI to assess the care and outcomes in your case. We may use your PHI in reviewing and improving the quality, efficiency and cost of care. Since we are an integrated system, we may disclose your PHI to AHCCCS, health

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professionals and/or state agency workforce members involved in your care or for consultation purposes, Regional Behavioral Health Authorities, Tribal Regional Behavioral Health Authorities and their subcontracted providers, or ADHS workforce members, for similar purposes.

Uses and Disclosures of PHI Not Requiring Authorization: Unless otherwise prohibited by law, we may use or disclose your PHI without consent or authorization in the following circumstances:

When required by law: We may disclose PHI as required by state or federal law. Examples include reporting information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order or other legal process, judicial and administrative proceedings, and certain other law enforcement situations, to personal representatives, and workers compensation. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

For public health activities: We may disclose PHI when we are required to collect information for, and including situations pertaining to, the conduct of public health surveillance, public health investigations and public health interventions and the reporting of vital events such as birth or death to the public health authority.

For health oversight activities: We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities may include monitoring, audits, investigations, inspections, and licensure.

Relating to decedents: We may disclose PHI relating to an individual's death including information to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

For research purposes: In certain limited circumstances, we may disclose your PHI for research purposes. For example, a research project may involve the care and recovery of all enrolled persons who receive one medication for the same condition. All research projects are subject to a special approval process. We will obtain your written authorization if the researcher will use or disclose your behavioral health PHI.

To avert threat to health or safety: In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

For specific government functions: We may disclose PHI of military personnel and veterans in certain situations. Other government related disclosures may include information disclosed to Human Rights Committees, the Sexually Violent Persons Program, correctional facilities and other law enforcement custodial situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

Uses and Disclosures Requiring You to which you have an Opportunity to Object: In the following situations, we may disclose a limited amount of your PHI, if we inform you about the disclosure in advance and you do not object, as long as the disclosure is not otherwise prohibited by law.

To families, friends or others involved in your care: We may share with these people information directly related to their involvement in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death.

Your Rights Regarding Your Protected Health Information. You have the following rights relating to your Protected Health Information:

Right to Request Restrictions. You have the right to request that we restrict use or disclosure of your behavioral health information to carry out treatment, payment, health care operations, or communications with family, friends, or other individuals. We are not required to agree to a restriction. We cannot agree to limit uses/disclosures that are required by law.

Right to Request Conditions on Providing Confidential Communications. You have the right to request that we send communications that contain PHI by alternative means or to alternative locations. We must accommodate your request if it is reasonable and you clearly state that the disclosure of all or part of that information could endanger you.

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Right to Inspect and Copy. You have the right to inspect and copy behavioral health information that we maintain about you. Your request should be in writing. If copies are requested or if you agree to a summary or explanation of such information, we may charge a reasonable, cost-based fee for the costs of copying, including labor, postage; and preparation cost of an explanation or summary. We may deny your request to inspect and copy in certain circumstances as defined by law.

Right to Request an Amendment. You have the right to request an amendment be made to your behavioral health information for as long as we maintain such record. The request must be in writing. Your request must include the reason or reasons that support your request. We may deny your request for an amendment if we determine that the record that is the subject of the request was not created by us, is not available for inspection as specified by law, or is accurate and complete.

Right to Receive an Accounting of Disclosures. You have the right to receive an accounting of disclosures of your behavioral health information created by us. This does not include disclosures made: to carry out treatment, payment and health care operations; to you; to family, friends or others involved in your care; for national security or intelligence purposes; to correctional institutions or law enforcement officials; or disclosures made prior to the HIPAA compliance date of April 14, 2003. Your first request for accounting in any 12-month period will be provided without charge. A reasonable, cost-based fee shall be imposed for each subsequent request.

You have the right to receive this notice: You have the right to receive a paper copy of this Notice and/or an electronic copy by email upon request. This information is also posted on our website at <http://www.hs.state.az.us/bhs/index.htm>.

How to File a Complaint if You Believe Your Privacy Rights Have Been Violated

If you believe your privacy rights as set forth in this Notice have been violated, and you wish to complain, please write or contact one of the offices listed below:

Arizona Department of Health Services
Agency Privacy Officer
1740 West Adams-Room 101
Phoenix, Arizona 85007
Phone: (602) 364-1560

Or

Prior to July 1, 2003
Arizona Department of Health Services
Division of Behavioral Health Services
Manager for Grievance and Appeals
2122 East Highland Avenue, Suite 100
Phoenix Arizona 85016
Phone: (602) 381-8999

On or After July 1, 2003
Arizona Department of Health Services
Division of Behavioral Health Services
Manager for Grievance and Appeals
150 N. 18th Avenue
Phoenix Arizona 85007
Phone: (602) 364-4558

You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. To ask for a complaint form, write to:

US Dept of Health & Human Services
Office of Civil Rights
50 United Nations Plaza - Room 322
San Francisco, CA 94102
Attn: Regional Manager
Or call for a complaint form at 1-800-368-1019

We will take no retaliatory action against you if you make such complaints.

Effective Date: This notice is effective on April 14, 2003

**Arizona Department of Health Services
Division of Behavioral Health Services**

REQUEST TO ACCESS PROTECTED HEALTH INFORMATION

Date: _____

Name of Requester: _____

Date of birth: _____

REQUESTED ACCESS

I am requesting access to Protected Health Information about me that has been created or received by the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS). I would like access to the following:

Client Information System Record *(check all the items that you want access to)*

- ☐ Client Data
- ☐ Assessment Data
- ☐ Enrollment Data
- ☐ Claims or Encounter Data

TIME PERIOD AND FORM

I want access to my Protected Health Information that covers the following time period:

(Note: The time period must be no longer than six years and may not include dates before April 14, 2003.)

I want access in the following form:

- ☐ Review only
- ☐ Paper copy
- ☐ Electronically *(applicable to limited repositories of information)*
- ☐ Please send my copy to the following address (provide an e-mail address if you request your accounting electronically): _____.
- ☐ I want to pick up my copy. Please call me at the following number when it is ready: _____.

REQUEST TO ACCESS PROTECTED HEALTH INFORMATION – Page 2

EXTENSIONS AND FEES

I understand that ADHS/DBHS must grant me the requested access within 30 days, unless the information is not readily available, in which case ADHS/DBHS shall grant me access in 60 days. ADHS/DBHS may extend these periods by an extra 30 days (or less) to prepare the information I have requested and shall notify me if this is necessary.

I understand that I am entitled to one free copy of my information in any 12-month period. I understand ADHS/DBHS may impose a reasonable fee for any additional request thereafter.

YOUR RIGHTS

For more information about your privacy rights, see the “Notice of Privacy Practices” available on our website at www.hs.state.az.us/bhs/index.htm or by sending a written request.

If you believe your privacy rights as set forth in this Notice have been violated, and you wish to complain, please write or contact one of the offices listed below:

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Division of Behavioral Health Services
Manager for Grievance and Appeals
2122 East Highland Avenue, Suite 100
Phoenix Arizona 85016
Phone: (602) 381-8999

On or After July 1, 2003

Arizona Department of Health Services
Division of Behavioral Health Services
Manager for Grievance and Appeals
150 N. 18th Avenue
Phoenix Arizona 85007
Phone: (602) 364-4558

We will take no retaliatory action against you if you make such complaints.

SIGNATURE

Date: _____

Time: _____ AM/PM

Signature: _____
Enrolled person/Representative/Guardian

If signed by someone other than the Enrolled person, state your relationship to the enrolled person:

**Arizona Department of Health Services
Division of Behavioral Health Services**

**NOTICE OF EXTENSION FOR PROVISION OF ACCESS TO
PROTECTED HEALTH INFORMATION**

Date: _____

Address: _____

Dear _____:

On _____, you requested that the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) provide you access to Protected Health Information within 30 days of the date of your request.

- ☐ ADHS/DBHS requires a one-time extension of 30 days to prepare this information for you. The requested information will be accessible to you on _____ [insert date].
- ☐ ADHS/DBHS does not maintain the requested information on site and will provide you access within 60 days from the date of your request.
- ☐ ADHS/DBHS did not create nor does it maintain the requested information. To request this information, please contact:

- ☐ Other _____

For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at www.hs.state.az.us/bhs/index.htm or by sending a written request.

If you believe your privacy rights as set forth in this Notice have been violated, and you wish to complain, please write or contact one of the offices listed below:

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Division of Behavioral Health Services
Manager for Grievance and Appeals
150 N. 18th Avenue
Phoenix Arizona 85007
Phone: (602) 364-4558

We will take no retaliatory action against you if you make such complaints.

Sincerely,

**Arizona Department of Health Services
Division of Behavioral Health Services**

**RESPONSE TO REQUEST FOR ACCESS TO
PROTECTED HEALTH INFORMATION**

Date: _____

Name: _____

Address: _____

RE: Request for Access to Protected Health Information

Dear _____:

We received your request for access to Protected Health Information dated _____.

- ☐ We need more time to process your request. We will send you the information you requested or provide an opportunity for you to review this information by _____ [insert date].
- ☐ You did not provide all the information we needed on your form. Please complete the form and return it to us.
- ☐ You have already received one free copy of your Protected Health Information within the last 12 months. Additional copies cost \$ _____. Please send a check for this amount, made payable to the ADHS/DBHS at the address below.
- ☐ Other _____

For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at www.hs.state.az.us/bhs/index.htm or by sending a written request.

If you believe your privacy rights as set forth in this Notice have been violated, and you wish to complain, please write or contact one of the offices listed below:

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On or After July 1, 2003

Arizona Department of Health Services
Division of Behavioral Health Services
Manager for Grievance and Appeals
150 N. 18th Avenue
Phoenix Arizona 85007
Phone: (602) 364-4558

We will take no retaliatory action against you if you make such complaints.

Sincerely,

**Arizona Department of Health Services
Division of Behavioral Health Services**

**NOTICE OF DENIAL OF REQUEST FOR ACCESS TO
PROTECTED HEALTH INFORMATION**

Date: _____

Address: _____

Dear _____:

On _____, you requested that the Arizona Department of Health Services/Division of Behavioral Health Services, (ADHS/DBHS) provide you access to Protected Health Information. ADHS/DBHS has determined that the release of this information is denied. This decision to deny access is subject to review pursuant to 45 CFR Part 164.524, except in the following circumstances:

- The information contains psychotherapy notes
- The information was compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding
- The information is subject to the Clinical Laboratory Improvements Amendments of 1988
- The information is subject to the Privacy Act (5 USC §552a) and the denial under the Privacy Act meets the requirements of law
- The information was obtained for someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information

To file a request for review of your denial of access, please complete the enclosed form and return it to the address below. ADHS/DBHS will promptly refer your request to a designated reviewing official who shall determine in a reasonable period of time whether or not to deny the access. ADHS/DBHS will provide you written notice of our decision.

For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at www.hs.state.az.us/bhs/index.htm or by sending a written request.

If you believe your privacy rights as set forth in this Notice have been violated, and you wish to complain, please write or contact one of the offices listed below:

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On or After July 1, 2003

Arizona Department of Health Services
Division of Behavioral Health Services
Manager for Grievance and Appeals
150 N. 18th Avenue
Phoenix Arizona 85007
Phone: (602) 364-4558

We will take no retaliatory action against you if you make such complaints.

Sincerely,

**Arizona Department of Health Services
Division of Behavioral Health Services**

**REQUEST FOR REVIEW OF DENIAL OF REQUEST FOR ACCESS
TO PROTECTED HEALTH INFORMATION**

ENROLLED PERSON INFORMATION

Date: _____

Name: _____

Date of birth: _____

REQUEST FOR REVIEW

On _____ I requested access to protected information health for the above named enrolled person. I received written notification on _____ that my request for access was denied by the Arizona Department of Health Services/Division of Behavioral Health Services, (ADHS/DBHS).

I am requesting a review of the ADHS/DBHS denial. I understand that the review will be conducted by a qualified reviewing official who is someone other than the party who denied access. I understand that a final administrative decision will be issued within a reasonable time of the receipt of this request by the ADHS/DBHS HIPAA Analyst.

SIGNATURE

Date: _____

Signature: _____
Enrolled person/Representative/Guardian

If signed by someone other than the Enrolled person, state your relationship to the enrolled person:

Witness: _____

**Arizona Department of Health Services
Division of Behavioral Health Services**

NOTICE OF OUTCOME FOR DENIAL OF ACCESS REVIEW

Date: _____

Address: _____

Dear _____:

On _____ you requested a review of the decision by the Arizona Department of Health Services/Division of Behavioral Health Services, (ADHS/DBHS) to deny your request for access to Protected Health Information. Your request was presented to a qualified reviewing official who determined the following:

For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at www.hs.state.az.us/bhs/index.htm or by sending a written request.

If you believe your privacy rights as set forth in this Notice have been violated, and you wish to complain, please write or contact one of the offices listed below:

Prior to July 1, 2003

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Phoenix Arizona 85007
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We will take no retaliatory action against you if you make such complaints.

Sincerely,

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Appendix D: ADHS/DBHS Designated Record Set

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CEDAR Client File Format

File Header Record

Record Location			Column Name	Type	Size	Justify	Filler	Description/Comments
From	To							
1	1	*	Record_Type	Char	01	Left	Spaces	Distinguishes header from data records. Valid Value for a Header Record is "H"
2	3	*	RBHA_ID	Char	02	Justified	None	Identifies RBHA submitting the file. The following are valid codes: 03 – The EXCEL Group 08 – Value Options 11 – Gila River Indian Community 14 – Navajo Nation 15 – NARBHA 23 – PGBHA 25 – Pascua Yaqui Tribe of Arizona 26 – CPSA Region 5 27 – CPSA Region 3
4	8	*	File_Name	Char	05	Left	Spaces	Indicates the name of the file. Valid Values: CLNT – Client Data
9	16	*	Transfer_Record_Count	Numeric	08	Right	Zeroes	Indicates the total record count for the file. This does not include Header record.
17	24	*	Transfer_Date	Numeric	08	None	Zeroes	This is the date the file was produced for transfer. CCYYMMDD and a valid date.

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25	30	*	Transfer_Time	Numeric	06	Right	Zeroes	Indicates the time the file was produced for transfer. HHMMSS and a 24-hour clock.
31	189		Filler	Char	159	Left	Spaces	This is the filler for the remainder of the fixed length record.
190	190	*	End-of_Record	Char	01	Left	None	The last position of each record has a tilde (~) character.

CEDAR Client File Format
File Data Record

Record Location From To			Column Name	Type	Size	Justify	Filler	Description/Comments
1	1	*	Record_Type	Char	01	Left	Spaces	Distinguishes header from data records. Valid Value for data records is “ ” (space) and “H” for file header records.
2	2	*	Action_Code	Char	01	Left	Spaces	Indicates the record transaction type. Valid Values: A - Add; C - Correction;

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3	4	*	Submitting_RBHA_ID	Char	02	Right	Zeroes	Contractor Identification Number. This is the RBHA responsible for payment. The following are valid codes: 03 – The EXCEL Group 08 – Value Options 11 – Gila River Indian Community 14 – Navajo Nation 15 – NARBHA 23 – PGBHA 25 – Pascua Yaqui Tribe of Arizona 26 – CPSA Region 5 27 – CPSA Region 3
5	14	*	Client_ID	Char	10	Left	Spaces	Unique CIS 10-digit identification number that identifies a client.
15	22	*	Begin_Date	Numeric	08	None	None	The date the client intake was completed. This date must be less than or equal to the current date. CCYYMMDD and a valid date.
23	32	**	SSNO	Char	10	Left	Spaces	Client's social security number. First nine digits is the SSN and the tenth digit is a SSN tie breaker. When entered, all digits are required. Not required when unavailable.
33	41	**	AHCCCS_ID	Char	09	Left	Spaces	Indicates the client's AHCCCS identifier. This field is required for Title XIX eligible clients.
42	49	*	DOB	Numeric	08	None	Zeroes	Indicates the client's date of birth. CCYYMMDD and a valid date.

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50	50	*	Sex	Char	01	Left	Spaces	Valid Values: F - Female, M - Male
CEDAR Client File Format								
File Data Record								
Record		Column Name		Type	Size	Justify	Filler	Description/Comments
Location								
From	To							

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51	52	*	Race_ID	Char	02	Left	None	Indicates client race. Valid Values: 01 - White 02 - Black/African American 04 - Asian 05 - American Indian/Alaska Native 06 - Other 07 - Unknown 08 - Native Hawaiian/Pacific Islander CH - AK Chin CO - Cocopah CR - CRIT FM - Fort Mohave GR - Gila River Indian Community HA - Havasupai HO - Hopi HU - Hualapai KP - Kaibib Paiute MY - Fort McDowell NA - Navajo Nation PY - Pascua Yaqui Tribe of Arizona QU - Quechuan SC - San Carlos Apache SR - Salt River Pima TA - Tonto Apache TO - Tohono O'odham WM - White Mountain YA - Camp Verde Apache YP - Yavapai Prescott Apache
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53	54	*	Ethnic_ID	Char	02	Left	None	Indicates client ethnicity. Valid Values: 01 - Hispanic or Latino 02 - Not Hispanic or Latino
55	64	*	F_NM	Char	10	Left	Spaces	Client's first name.
65	65		M_NM	Char	01	Left	Spaces	Client's Middle initial

CEDAR Client File Format
File Data Record

Record Location From To		Column Name	Type	Size	Justify	Filler	Description/Comments
66	80	* L_NM	Char	15	Left	Spaces	Client's last name.
81	105	* Address_Line_1	Char	25	Left	Spaces	Indicates client's street address.
10	130	Address_Line_2	Char	25	Left	Spaces	Additional address space.
6							
13	150	* City	Char	20	Left	Spaces	Indicates city of client's address.
1							
15	152	* State	Char	02	Left	Spaces	Indicates state of client's address.
1							
15	161	* Zip_Code	Char	09	Left	Spaces	Indicates zip code of client's address.
3							

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16	163	*	Residence_ID	Char	02	Left	Spaces	Place of residence
2								Valid Values:
								01 – House or Apartment Without Support
								02 – Hotel
								03 – Boarding Home
								04 – Supervisory Care Home
								05 – ASH
								06 – Jail or Correctional facility
								07 – Homeless/Shelter for Homeless
								08 – Other
								09 – Foster Home (CPS, DDD or APS)
								10 – 24 hr Residential – Level 1
								11 – 24 hr Residential – Level 2
								12 – Nursing Home
								13 – House or Apartment With Support
								14 – Supervised Independent Living
								15 – 24 hr Residential – Level 3
								16 – Home With Parent/Guardian/Relative/Friend
								17 – CPS Relative Placement
								18 – DES Group Home
								19 – DES Emergency Shelter
								20 – Therapeutic Foster Care
								21 – Youth Living Independently

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CEDAR Client File Format
File Data Record

Record Location From To		Column Name	Type	Size	Justify	Filler	Description/Comments
16 4	165	* County_ID	Char	02	Left	Spaces	Indicates county of client's address. Valid Values: 01 - Apache 02 - Cochise 03 - Coconino 04 - Gila 05 - Graham 06 - Greenlee 07 - La Paz 08 - Maricopa 09 - Mohave 10 - Navajo 11 - Pima 12 - Pinal 13 - Santa Cruz 14 - Yavapai 15 - Yuma 16 - Out of State If this field is 16, client state address must not be "AZ".
16 6	173	Begin_Date	Char	08	Left	Spaces	Indicates the new or changed Enrollment Date. This field only applies when there is an existing Enrollment record. CCYYMMDD and a valid date.

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17 4	183		RBHA_Client_ID	Char	10	Left	Spaces	This is an optional field reserved for an additional Client ID assigned specifically by the RBHA.
18 4	189		Filler	Char	06	Left	Spaces	Reserved for Future Use
19 0	190	*	End_of_Record	Char	01	Left	None	The last position of each record has a tilde (~) character.

Following the last record in the file is a carriage control line feed beginning in the first position.

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CEDAR Enrollment/Disenrollment File Format

File Header Record

Record Location			Column Name	Type	Size	Justify	Filler	Description/Comments
From	To							
1	1	*	Record_Type	Char	01	Left	Spaces	Distinguishes header from data records. Valid Value for a Header Record is "H"
2	3	*	RBHA_ID	Char	02	Justified	None	Identifies RBHA submitting the file. The following are valid codes: 03 – The EXCEL Group 08 – Value Options 11 – Gila River Indian Tribe 14 – Navajo Nation 15 – NARBHA 23 – PGBHA 25 – Pascua Yaqui 26 – CPSA Region 5 27 – CPSA Region 3
4	8	*	File_Name	Char	05	Left	Spaces	Indicates the name of the file. Valid Values: ENROL – Client Enrollment
9	16	*	Transfer_Record_Count	Numeric	08	Right	Zeroes	Indicates the total record count for the file. This does not include Header record.

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CEDAR Enrollment/Disenrollment File Format

File Header Record

Record Location From To			Column Name	Type	Size	Justify	Filler	Description/Comments
17	24	*	Transfer_Date	Numeric	08	None	Zeroes	This is the date the file was produced for transfer. CCYYMMDD and a valid date.
25	30	*	Transfer_Time	Numeric	06	Right	Zeroes	Indicates the time the file was produced for transfer. HHMMSS and a 24 hour clock.
31	79		Record_Filler	Char	49	Left	Spaces	This is the filler for the remainder of the fixed length record.
80	80	*	End_of_Record	Char	01	Left	None	The last position of each record has a tilde (~) character.

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CEDAR Enrollment/Disenrollment File Format								
File Data Record								
Record Location	From	To	Column Name	Type	Size	Justify	Filler	Description/Comments
1	1	*	Record_Type	Char	01	Left	Spaces	Distinguishes header from data records. Valid Value for data records is “ ” (space) and “H” for file header records.
2	2	*	Action_Code	Char	01	Left	Spaces	Indicates the record transaction type. Valid Values: A - Add; C - Change
3	4	*	RBHA_ID	Char	02	Left	Zeroes	Contractor Identification Number. This is the RBHA with whom the client is enrolled. The following are valid codes: 03 – The EXCEL Group 08 – Value OptionsCOMCARE 11 – Gila River Indian Tribe 14 – Navajo Nation 15 – NARBHA 23 – PGBHA 25 – Pascua Yaqui 26 – CPSA Region 5 27 – CPSA Region 3
5	14	*	Client_ID	Char	10	Left	Spaces	Unique CIS 10-digit identification number that identifies a client.
15	22	*	Enrollment_Date	Char	08	None	Spaces	This is the date that the client was accepted for enrollment by the RBHA. CCYYMMDD

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CEDAR Enrollment/Disenrollment File Format								
File Data Record								
Record Location	Column Name	Type	Size	Justify	Filler	Description/Comments		
From To								
23 30	* Referral_Date	Char	08	None	Spaces	This is the date that the client first requested an appointment. CCYYMMDD		
31 32	* Pri_Pres_Problem_ID	Char	02	None	None	Primary Problem Valid assessment problem values: 01 - Suicidal/Self Harm/Danger to Self 02 - Victim of Abuse/Violence 03 - Anxiety/Stress 04 - Depression or Mood Disorder 05 - Psychotic Symptoms 07 - Alcohol Abuse 08 - Other Drug Abuse 10 - Relationship/Interpersonal 11 - Role Performance 13 - Unable to Care for Self 14 - Other 16 - Parent/Child Problem 17 - Disruptive 18 - Assaultive/Homicidal/Danger To Others		
33 36	* Sub_Contr_ID	Char	04	Left	Spaces	Identification of the Provider who obtains the Enrollment/Disenrollment information.		
37 39	* Facility_ID	Char	03	Left	Spaces	Identification of the Facility where information for the Enrollment/Disenrollment information was obtained.		

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CEDAR Enrollment/Disenrollment File Format								
File Data Record								
Record Location	Column Name	Type	Size	Justify	Filler	Description/Comments		
From To								
40 41	* Referral_Source_ID	Char	02	Left	Spaces	Indicates the entity type of the transfer or referral source. Valid values: 01 – Self, Family, Friend 03 – Behavioral Health Provider 06 – Social Service Agency 07 – School /ADE 08 – Employer /EAP 11 – General Medical Provider 14 – Shelter for Homeless 15 – Veterans Administration 16 – Indian Health Service 18 – AZ Office of Courts / Juvenile Probation Office 19 – Other 20 – ADOC - AZ Department of Corrections 22 – DES/ACYF - Department of Economic Security / Assistance to Children, Youth, & Families 26 – Adult Probation/Court 31 – Nursing Home 32 – DES/DD Department of Economic Security / Developmental Disabilities 33 – DES/DVR Department of Economic Security / Vocational Rehabilitation 34 – AZ Department of Juvenile Corrections		
42 49	** Disenroll_Date	Char	08	Left	Spaces	The date the client is closed out or disenrolled. A disenrollment may be dated the same as the Enrollment. CCYYMMDD and a valid date.		

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CEDAR Enrollment/Disenrollment File Format								
File Data Record								
Record Location	Column Name	Type	Size	Justify	Filler	Description/Comments		
From	To							
50	51	**	Reason_Disenroll_ID	Char	02	Left	Spaces	Indicates the reason for the disenrollment. Valid Values: 01 – Treatment completed 02 – Change in Eligibility/Entitlement Information. 03 – Client Declined Further Service 04 – Lack of contact 06 – Incarceration 07 – Death 08 – Moved out of area 09 – Inter RBHA Transfer 10 – One Time Consultation When a disenrollment date is present, this field is required.
52	52	**	Resolution_Pres_Prob_ID	Char	01	None	None	1 – Full resolution of problem 2 – Partial resolution of problem 3 – No resolution of problem When a disenrollment date is present, this field is required.
53	79		Filler	Char	27	Left	Spaces	Reserved For Future Use.
80	80	*	End-of_Record	Char	01	Left	None	The last position of each record has a tilde (~) character.

Following the last record in the file is a carriage control line feed beginning in the first position.

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CEDAR Assessment File Format								
File Header Record								
Record Location	Column Name	Type	Size	Justify	Filler	Description/Comments		
From To								
1 1	* Record_Type	Char	01	Left	Spaces	Distinguishes header from data records. Valid Value for a Header Record is "H"		
2 3	* RBHA_ID	Char	02	Justified	None	Identifies RBHA submitting the file. The following are valid codes: 03 – The EXCEL Group 08 – Value Options 11 – Gila River Indian Community 14 – Navajo Nation 15 – NARBHA 23 – PGBHA 25 – Pascua Yaqui Tribe of Arizona 26 – CPSA Region 5 27 – CPSA Region 3		
4 8	* File_Name	Char	05	Left	Spaces	Indicates the name of the file. Valid Values: ASSMT – Assessment		
9 16	* Transfer_Record_Count	Numeri c	08	Right	Zeroes	Indicates the total record count for the file. This does not include Header record.		
17 24	* Transfer_Date	Numeri c	08	None	Zeroes	This is the date the file was produced for transfer. CCYYMMDD and a valid date.		

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CEDAR Assessment File Format								
File Header Record								
Record Location From To			Column Name	Type	Size	Justify	Filler	Description/Comments
25	30	*	Transfer_Time	Numeri c	06	Right	Zeroes	Indicates the time the file was produced for transfer. HHMMSS and a 24 hour clock.
31	199		Record_Filler	Char	169	Left	Spaces	This is the filler for the remainder of the fixed length record.
20	200	*	End_of_Record	Char	01	Left	None	The last position of each record has a tilde (~) character.
0								

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CEDAR Assessment File Format								
File Data Record								
Record Location From To	Column Name	Type	Size	Justify	Filler	Description/Comments		
1 1 *	Record_Type	Char	01	Left	Spaces	Distinguishes header from data records. Valid Value for a Header Record is “H”		
#								
2 2 *	Action_Code	Char	01	Left	Spaces	Indicates the record transaction type. Valid Values		
#						A – Add, C – Change		
3 4 *	RBHA_ID	Char	02	Justified	None	Contractor Identification Number. This is the same as the RBHA ID.		
#						03 – The EXCEL Group		
						08 – Value Options		
						11 – Gila River Indian Community		
						14 – Navajo Nation		
						15 – NARBHA		
						23 – PGBHA		
						25 – Pascua Yaqui Tribe of Arizona		
						26 – CPSA Region 5		
						27 – CPSA Region 3		
5 14 *	Client_ID	Char	10	Left	Spaces	Unique CIS 10-digit identification number that identifies a client.		
#								

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CEDAR Assessment File Format								
File Data Record								
Record Location From To			Column Name	Type	Size	Justify	Filler	Description/Comments
15	22	* #	Assess_Date	Date	08	Justified	None	This is the date of the Assessment. This date must not be less than the enrollment date. CCYYMMDD and a valid date.
23	23	* #	Assess_Type	Char	01	Justified	None	Assessment Type indicates the type of assessment submitted. B – Brief C – Comprehensive
24	24	* #	Interval_ID	Numeric	01	Right	Zeroes	Assessment Interval indicates the time period of the assessment. Valid Values: 1 – Enrollment 2 – During Treatment 3 – Disenrollment 4 – Follow-up after closure/disenrollment
25	30		Health_Plan_ID	Char	06	Left	Spaces	Indicates the AHCCCS issued health plan identifier. This is a six digit numeric field that is required for Title XIX eligible clients. This must be present when an AHCCCS ID is present in this record.

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CEDAR Assessment File Format								
File Data Record								
Record Location From To			Column Name	Type	Size	Justify	Filler	Description/Comments
31	31	*	CMD_Arthritis	Char	01	Justified	None	Chronic Medical Disorder Arthritis Valid Values: Y or N
32	32	*	CMD_Asthma	Char	01	Justified	None	Chronic Medical Disorder Asthma / COPD Valid Values: Y or N
33	33	*	CMD_Cancer	Char	01	Justified	None	Chronic Medical Disorder Cancer Valid Values: Y or N
34	34	*	CMD_Diabetes	Char	01	Justified	None	Chronic Medical Disorder Diabetes Valid Values: Y or N
35	35	*	CMD_Head_Injury	Char	01	Justified	None	Chronic Medical Disorder Head Injury Valid Values: Y or N
36	36	*	CMD_Headaches	Char	01	Justified	None	Chronic Medical Disorder Headaches Valid Values: Y or N
37	37	*	CMD_High_Blood_Pressure	Char	01	Justified	None	Chronic Medical Disorder High Blood Pressure Valid Values: Y or N
38	38	*	CMD_Other	Char	01	Justified	None	Chronic Medical Disorder Other Valid Values: Y or N

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CEDAR Assessment File Format									
File Data Record									
Record Location From To		Column Name	Type	Size	Justify	Filler	Description/Comments		
39	39	*	CMD_Other_Heart_Disease	Char	01	Justified	None	Chronic Medical Disorder Other Heart/ CARDIOVASCULAR Disease Valid Values: Y or N	
40	40	*	CMD_Seizures	Char	01	Justified	None	Chronic Medical Disorder Seizures Valid Values: Y or N	

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CEDAR Assessment File Format								
File Data Record								
Record Location From To			Column Name	Type	Size	Justify	Filler	Description/Comments
41	44	*	Substance_1	Char	04	Justified	None	Drug Type Primary is the Substance Use Primary Drug Type Valid Values: 0001 - None 0201 - Alcohol 0202 - Tobacco 0302 - Cocaine 0401 - Marijuana 0501 - Heroin/Morphine 0601 - Methadone 0700 - Other Narcotics 0801 - PCP 0902 - Other Hallucinogens 1001 - Methamphetamine 1201 - Other Stimulants 1308 - Benzodiazepines 1504 - Barbiturates 1605 - Other Sedatives 1703 - Inhalants 2002 - Other Drugs

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CEDAR Assessment File Format								
File Data Record								
Record Location	From To		Column Name	Type	Size	Justify	Filler	Description/Comments
45	45	*	Drug_Freq_1	Char	01	Justified	None	<p>Drug Frequency Primary is the Substance Use Primary Drug Frequency Usage. When Drug-Type-1 - 0001, Drug-Freq-1 must - 1.</p> <p>Valid Values</p> <ul style="list-style-type: none"> 1 - None during past month 2 - 1 - 3 times past month 3 - 1 - 2 times weekly 4 - 3 - 6 times weekly 5 - Daily 6 - 2 - 3 times a day 7 - More than 3 times a day
46	46	**	Drug_Route_1	Char	01	Left	Spaces	<p>Drug Route Primary is the primary route of administration. When Drug-Type-1 - 0001, Drug-Route-1 must be blank.</p> <p>Valid Route Values:</p> <ul style="list-style-type: none"> 1 - Oral 2 - Smoking 3 - Inhalation 4 - Injection 5 - Other

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CEDAR Assessment File Format								
File Data Record								
Record Location	From To	Column Name	Type	Size	Justify	Filler	Description/Comments	
47	48	** Age_First_Use_1	Char	02	Left	Spaces	Age of First Use for the Primary Substance. When Drug-Type-1 - 0001, Drug-Age-1 must be blank Valid values are 00 - 99	
49	52	Substance_2	Char	04	Left	Spaces	Drug Type Secondary is the Substance Use Secondary Drug Type See Drug-Type-1 for valid values.	
53	53	Drug_Freq_2	Char	01	Left	Spaces	Drug Frequency Secondary is the Substance Use Secondary Drug See Drug-Freq-1 for valid values.	
54	54	Drug_Route_2	Char	01	Left	Spaces	Drug Route Secondary is the primary route of administration See Drug-Rte-1 for valid values.	
55	56	Age_First_Use_2	Char	02	Left	Spaces	Age of First Use for the Secondary Substance.	
57	60	Substance_3	Char	04	Left	Spaces	Drug Type Tertiary is the Substance Use Tertiary Drug Type See Drug-Type-1 for valid values.	
61	61	Drug_Freq_3	Char	01	Left	Spaces	Drug Frequency Tertiary is the Substance Use Tertiary Drug See Drug-Freq-1 for valid values.	

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CEDAR Assessment File Format							
File Data Record							
Record Location From To	Column Name	Type	Size	Justify	Filler	Description/Comments	
62 62	Drug_Route_3	Char	01	Left	Spaces	Drug Route Tertiary is the primary route of administration See Drug-Rte-1 for valid values.	
63 64	Age_First_Use_3	Char	02	Left	Spaces	Age of First Use for the Tertiary Substance.	
65 65	* Educational_Stat_ID	Char	01	Justified	None	Educational-Status Valid Values: 1 - Attending School Full Time 2 - Attending School Part Time 3 - Not in School	

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CEDAR Assessment File Format								
File Data Record								
Record Location From To			Column Name	Type	Size	Justify	Filler	Description/Comments
66	67	*	Employment_Stat_ID	Char	02	Justified	None	Employment/Rehabilitation - status Valid Values: 01 – Employed Full Time Without Support 02 – Employed Part Time Without Supports 03 – Employed Full Time With Supports 04 – Employed Part Time With Supports 05 – Transitional Employment 06 – Community-Based Work 07 – Facility-Based Work Adjustment/ Work Activities 09 – Sheltered Employment 10 – Education/Training Without Supports 11 – Education/Training With Supports 12 – Psychosocial Rehabilitation 13 – Social Drop-In/Recreational Activities 14 – Volunteer 15 – Other Community Activities 16 – Not Currently in Vocational Educational Activities
68	69	*	Fam_Livng_Situatn_Funct	Numeric	02	Right	Zeroes	See ALFA Scale Valid Values: 01 - 50
70	71	*	Feeling_Affect_Mood_Funct	Numeric	02	Right	Zeroes	See ALFA Scale Valid Values: 01 - 50
72	73	*	Interprsnl_Rlns_Funct	Numeric	02	Right	Zeroes	See ALFA Scale Valid Values: 01 - 50

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CEDAR Assessment File Format							
File Data Record							
Record Location From To	Column Name	Type	Size	Justify	Filler	Description/Comments	
74 75	* Medical_Physical_Funct	Numeric	02	Right	Zeroes	See ALFA Scale Valid Values: 01 - 50	
76 77	* Role_Performnce_Funct	Numeric	02	Right	Zeroes	See ALFA Scale Valid Values: 01 - 50	
78 79	* SelfCare_Bas_Needs_Funct	Numeric	02	Right	Zeroes	See ALFA Scale Valid Values: 01 - 50	
80 81	* Socio_Legal_Funct	Numeric	02	Right	Zeroes	See ALFA Scale Valid Values: 01 - 50	
82 83	* Substance_Abuse_Funct	Numeric	02	Right	Zeroes	See ALFA Scale Valid Values: 01 - 50	
84 85	* Think_Mntl_Proc_Funct	Numeric	02	Right	Zeroes	See ALFA Scale Valid Values: 01 - 50	
86 88	* Household_Income	Numeric	03	Right	Zeroes	Household Income is a 3 digit field indicating, in thousands, the client's annual family income. The right-most 3 zeroes are pre-filled to denote thousands. Amounts must be in the range 000 - 999. When IS-No-Income - "Y", Household Income must - 000	
89 90	* Household_Size	Numeric	02	Right	Zeroes	Household Size indicates the number of people, including the client who live at the client's address.	

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File Data Record								
Record Location From To	Column Name		Type	Size	Justify	Filler	Description/Comments	
91 91	*	IS_AFDC	Char	01	Justified	None	INCOME SOURCE - AFDC / TANF Valid Values: Y or N	
92 92	*	IS_Employment	Char	01	Justified	None	INCOME SOURCE - Employment Valid Values: Y or N	
93 93	*	IS_Family	Char	01	Justified	None	INCOME SOURCE - Family Valid Values: Y or N	
94 94	*	IS_Food_Stamps	Char	01	Justified	None	INCOME SOURCE - Food-Stamps Valid Values: Y or N	
95 95	*	IS_Gen_Assist	Char	01	Justified	None	INCOME SOURCE - Gen-Assist Valid Values: Y or N	
96 96	*	IS_No_Income	Char	01	Justified	None	INCOME SOURCE - No-Income Valid Values: Y or N	
97 97	*	IS_Other	Char	01	Justified	None	INCOME SOURCE - Other Valid Values: Y or N	
98 98	*	IS_Retirement	Char	01	Justified	None	INCOME SOURCE - Retirement Valid Values: Y or N	

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File Data Record								
Record Location From To	Column Name		Type	Size	Justify	Filler	Description/Comments	
99 99	*	IS_SSA	Char	01	Justified	None	INCOME SOURCE - Social Security Valid Values: Y or N	
100 100	*	IS_SSDI	Char	01	Justified	None	INCOME SOURCE - SSDI Valid Values: Y or N	
101 101	*	IS_SSI	Char	01	Justified	None	INCOME SOURCE - SSI Valid Values: Y or N	
102 102	*	IS_Unemployment	Char	01	Justified	None	INCOME SOURCE - Unemployment Valid Values: Y or N	
103 103	*	IS_Veteran_Comp	Char	01	Justified	None	INCOME SOURCE - Veteran Comp Valid Values: Y or N	
104 104	*	Legal_Stat_ID	Char	01	Justified	None	Indicates legal status under which a client enters the facility or service. Valid Values: 1 – Voluntary 6 – Civil Court Order 7 – DUI Court Order 8 – Other Criminal Court Order	
	#							

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CEDAR Assessment File Format							
File Data Record							
Record Location From To	Column Name	Type	Size	Justify	Filler	Description/Comments	
105 105	* Marital_Stat_ID	Char	01	Justified	None	Indicates client's marital status. Valid Values: 1 - Never Married 2 - Married 3 - Divorced 4 - Widowed 5 - Separated	
106 107	* Nbr_of_Arrests	Numeric	02	Right	Zeroes	Number of Arrests indicate the number of arrests during the past 6 months. Valid Values 00 - 99.	
108 108	* OA_ADJC	Char	01	Justified	None	OTHER AGENCY - ADJC Valid Values - Y or N	
109 109	* OA_AOC_JPO	Char	01	Justified	None	OTHER AGENCY - AOC-JPO Valid Values - Y or N	
110 110	* OA_Adult_Probation_Court	Char	01	Justified	None	OTHER AGENCY - Adult-Probation-Court Valid Values - Y or N	
111 111	* OA_DES_ACYF	Char	01	Justified	None	OTHER AGENCY - DES-ACYF Valid Values - Y or N	
112 112	* OA_DES_DDD	Char	01	Justified	None	OTHER AGENCY - DES-DDD Valid Values - Y or N	
113 113	* OA_DES_DVR	Char	01	Justified	None	OTHER AGENCY - DES-DVR Valid Values - Y or N	
114 114	* OA_ADC	Char	01	Justified	None	OTHER AGENCY - ADC Valid Values - Y or N	

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CEDAR Assessment File Format						
File Data Record						
Record Location From To	Column Name	Type	Size	Justify	Filler	Description/Comments
115 115	* SF_1	Numeric	01	Justified	Spaces	Valid Values: 0 - Not Assessed 1 - Excellent 2 - Very good 3 - Good 4 - Fair 5 - Poor
116 116	* SF_2	Numeric	01	Justified	Spaces	Valid Values: 0 - Not Assessed 1 - Yes, limited a lot 2 - Yes, limited a little 3 - No, not limited at all
117 117	* SF_3	Numeric	01	Justified	Spaces	Valid Values: 0 - Not Assessed 1 - Yes, limited a lot 2 - Yes, limited a little 3 - No, not limited at all

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CEDAR Assessment File Format						
File Data Record						
Record Location From To	Column Name	Type	Size	Justify	Filler	Description/Comments
118 118 * SF_4		Numeric	01	Justified	Spaces	Valid Values: 0 - Not Assessed 1 - Yes 2 - No
119 119 * SF_5		Numeric	01	Justified	Spaces	Valid Values: 0 - Not Assessed 1 - Yes 2 - No
120 120 * SF_6		Numeric	01	Justified	Spaces	Valid Values: 0 - Not Assessed 1 - Yes 2 - No
121 121 * SF_7		Numeric	01	Justified	Spaces	Valid Values: 0 - Not Assessed 1 - Yes 2 - No

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CEDAR Assessment File Format						
File Data Record						
Record Location From To	Column Name	Type	Size	Justify	Filler	Description/Comments
122 122	* SF_8	Numeric	01	Justified	Spaces	Valid Values: 0 - Not Assessed 1 - Not at all 2 - A little bit 3 - Moderately 4 - Quite a bit 5 - Extremely
123 123	* SF_9	Numeric	01	Justified	Spaces	Valid Values: 0 - Not Assessed 1 - All of the time 2 - Most of the time 3 - A good bit of the time 4 - Some of the time 5 - A little of the time 6 - None of the time

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CEDAR Assessment File Format						
File Data Record						
Record Location From To	Column Name	Type	Size	Justify	Filler	Description/Comments
124 124	* SF_10	Numeric	01	Justified	Spaces	Valid Values: 0 - Not Assessed 1 - All of the time 2 - Most of the time 3 - A good bit of the time 4 - Some of the time 5 - A little of the time 6 - None of the time
125 125	* SF_11	Numeric	01	Justified	Spaces	Valid Values: 0 - Not Assessed 1 - All of the time 2 - Most of the time 3 - A good bit of the time 4 - Some of the time 5 - A little of the time 6 - None of the time

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File Data Record							
Record Location From To	Column Name	Type	Size	Justify	Filler	Description/Comments	
126 126	* SF_12	Numeric	01	Justified	Spaces	Valid Values: 0 - Not Assessed 1 - All of the time 2 - Most of the time 3 - Some of the time 4 - A little of the time 5 - None of the time	
127 127	* SP_IV_Drug_Flag	Char	01	Justified	None	SPECIAL POPULATIONS - Intravenous Drug user Valid Values - Y or N	
128 128	* SP_Pregnant_Flag	Char	01	Justified	None	SPECIAL POPULATIONS - Pregnant Woman Valid Values - Y or N	
129 129	* SP_Women_Dep_Children_Flag	Char	01	Justified	None	SPECIAL POPULATIONS – Women with Dependent Children Valid Values – Y or N	
130 130	* SP_SMI_SED_Flag	Char	01	Justified	None	SPECIAL POPULATIONS - SMI-SED Valid Values - Y or N	
131 131	* SP_Special_ED_Flag	Char	01	Justified	None	SPECIAL POPULATIONS - SEH (Special ED) Valid Values - Y or N	
132 132	* SP_Drug_Flag	Char	01	Justified	None	SPECIAL POPULATIONS - Drug Valid Values - Y or N	
133 133	* SP_Alcohol_Flag	Char	01	Justified	None	SPECIAL POPULATIONS - Alcohol Valid Values - Y or N	

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CEDAR Assessment File Format								
File Data Record								
Record Location	From To		Column Name	Type	Size	Justify	Filler	Description/Comments
134	134	* #	SP_Gen_Mental_Health_Fl ag	Char	01	Justified	None	SPECIAL POPULATIONS - General Mental Health Valid Values - Y or N
135	136	* #	SP_Other_ID_Flag	Char	02	Justified	None	SPECIAL POPULATIONS - Other Valid Values: 00 – None C1 – COOL C2 – AOC Paid C3 – Model Court C4 – Gambling C5 – Tobacco Tax Paid C6 – HB2003 C7 – SB1280 KP – 300 Kids
137	137	* #	RBHA_Fund_Source_ID	Char	01	Justified	None	Indicates the program that the client is assigned at the time of intake by the RBHA. Valid Values: M - Adult Mental Health Services A - Alcohol Abuse Treatment D - Drug Abuse Treatment S - SMI Services C - Children's Services V - Domestic Violence P - Prevention/Early Intervention

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CEDAR Assessment File Format							
File Data Record							
Record Location From To		Column Name	Type	Size	Justify	Filler	Description/Comments
138 139	*	Educ_Years	Numeric	02	Right	Zeroes	School Years Completed indicate the number of formal school years completed. Valid values are 00 - 99.
140 145	*	Axis_I_1	Char	06	Justified	Spaces	Valid DSM Code
146 151		Axis_I_2	Char	06	Justified	Spaces	Valid DSM Code
152 157	*	Axis_II_1	Char	06	Justified	Spaces	Valid DSM Code
158 163		Axis_II_2	Char	06	Justified	Spaces	Valid DSM Code
164 169		Axis_III_1	Char	06	Left	Spaces	Valid DSM Code
170 173	* #	Sub_Contr_ID	Char	04	Left	Spaces	Indicates the Provider ID who performed the Assessment. This must be a valid ADHS/DBHS provider.
174 176	* #	Facility_ID	Char	03	Left	Spaces	Indicates the Facility where Assessment was performed. This must be a valid ADHS/DBHS provider.
177 178		CGI_Efficacy_Index	Char	02	Justified	None	CGI Scale
179 179		CGI_Global_Improvement	Char	01	Justified	None	CGI Scale
180 180		CGI_Severity_of_Illness	Char	01	Justified	None	CGI Scale

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CEDAR Assessment File Format							
File Data Record							
Record Location From To	Column Name	Type	Size	Justify	Filler	Description/Comments	
181 188	First_Created_Date	Char	08	Left	Spaces	Indicates the new or changed enrollment date. This field only applies when there is an existing enrollment date. CCYYMMDD	
189 190	** TPL_ID #	Char	02	Left	Spaces	Indicates the first source of payment for mental health services other than the State or AHCCCS. Leave blank when the State or AHCCCS are the only fund sources. Valid Values: 01 - Self Pay 02 - Medicare 03 - Other Government 04 - Other Insurance 09 - Other	

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CEDAR Assessment File Format								
File Data Record								
Record Location From To			Column Name	Type	Size	Justify	Filler	Description/Comments
191	191	** #	Med_Insurance_ID	Char	01	Left	Spaces	<p>This field indicates that the client has other insurance coverage for medical benefits.</p> <p>Valid Values:</p> <ul style="list-style-type: none"> 1 - Medicare 2 - AHCCCS 3 - Private (is defined as coverage entirely provided by the client) 4 - CHAMPUS/VA 5 - Other (is defined as from an employee contribution plan provided by an employer) 6 - Blue Cross 7 - HMO 9 - None

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CEDAR Assessment File Format							
File Data Record							
Record Location From To	Column Name	Type	Size	Justify	Filler	Description/Comments	
192 193	* Primary_Residence	Char	02	Left	Spaces	Place of residence Valid Values: 01 – House or Apartment Without Support 02 – Hotel 03 – Boarding Home 04 – Supervisory Care Home 05 – ASH 06 – Jail or Correctional facility 07 – Homeless/Shelter for Homeless 08 – Other 09 – Foster Home (CPS, DDD or APS) 10 – 24 hr Residential – Level 1 11 – 24 hr Residential – Level 2 12 – Nursing Home 13 – House or Apartment With Support 14 – Supervised Independent Living 15 – 24 hr Residential – Level 3 16 – Home With Parent/Guardian/Relative/Friend 17 – CPS Relative Placement 18 – DES Group Home 19 – DES Emergency Shelter 20 – Therapeutic Foster Care 21 – Youth Living Independently	

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CEDAR Assessment File Format								
File Data Record								
Record Location From To	Column Name		Type	Size	Justify	Filler	Description/Comments	
194 199	Filler		Char	07	Left	Spaces	Reserved for future use.	
200 200	*	End_of_Record	Char	01	Left	None	The last position of each record has a tilde (~) character.	

Following the last record in the file is a carriage control line feed beginning in the first position.

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CIS Database Tables

Column_I	Column_Name	Data Type	Data Length	Null?
Table Name: AHCCCS_CAPITATION_ROSTER				
1	TRANSACTION_NBR	NUMBER	9,0	N
2	AHCCCS_ID	VARCHAR2	9	Y
3	MHS_CAT	VARCHAR2	1	Y
4	CATEGORY_CODE	VARCHAR2	2	Y
5	TRIBAL_CODE	VARCHAR2	2	Y
6	CONTRACT_TYPE	VARCHAR2	1	Y
7	CAPITATION_AMOUNT	NUMBER	7,2	Y
8	NUMBER_OF_DAYS_COVERED	NUMBER	3,0	Y
9	PAYMENT_FROM_DATE	DATE	7	Y
10	PAYMENT_TO_DATE	DATE	7	Y
11	DAILY_ACTION_CODE	VARCHAR2	2	Y
12	INVOICE_NBR	VARCHAR2	9	Y
13	CHANGE_CONTROL_DATE	DATE	7	Y
14	CHANGE_CONTROL_PROGRAM	VARCHAR2	6	Y
15	CONTR_ID	VARCHAR2	2	Y
16	CLIENT_ID	VARCHAR2	10	Y
17	STATUS	VARCHAR2	2	N
18	ADM_CAP_AMT	NUMBER	7,2	Y
19	CASE_MGT_CAP_AMT	NUMBER	7,2	Y
20	CASE_SERVICE_CAP_AMT	NUMBER	7,2	Y
21	NON_CASE_SERVICE_CAP_AMT	NUMBER	7,2	Y
22	STATE_MATCH_AMOUNT	NUMBER	7,2	Y
23	ADM_RESERVE_AMOUNT	NUMBER	7,2	Y
24	PROCESS_DATE	DATE	7	Y
25	BUSINESS_MONTH	NUMBER	6,0	Y
Table Name: AHCCCS_DAILY_MATCH_PERCENTAGE				
1	CATEGORY_CODE	VARCHAR2	2	N
2	TRIBAL_CODE	VARCHAR2	2	N
3	CONTRACT_TYPE	VARCHAR2	1	N
4	RATE_BEG_DATE	DATE	7	N
5	RATE_END_DATE	DATE	7	N
6	MONTH_BEG_DATE	DATE	7	N
7	MONTH_END_DATE	DATE	7	N
8	DAILY_CAPITATION_AMOUNT	NUMBER	9,4	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
9	FEDERAL_PORTION	NUMBER	9,4	Y
10	STATE_MATCH_PORTION	NUMBER	9,4	Y
11	ADHS_RESERVE_AMOUNT	NUMBER	9,4	Y
Table Name: AHCCCS_ELIG_CHG				
1	AHCCCS_ID	VARCHAR2	9	N
2	CONTR_ID	VARCHAR2	2	N
3	CLIENT_ID	VARCHAR2	10	N
4	START_DATE	DATE	7	Y
5	PRIOR_START_DATE	DATE	7	N
6	CHANGE_CONTROL_DATE	DATE	7	N
7	CHANGE_CONTROL_PGM	VARCHAR2	8	N
8	CHANGE_CONTROL_USER_ID	VARCHAR2	8	Y
9	ORIG_CIS_ADD_DATE	DATE	7	Y
Table Name: AHCCCS_ELIG_CHG_LOG				
1	CLIENT_ID	VARCHAR2	10	N
2	CONTR_ID	VARCHAR2	2	N
3	AHCCCS_ID	VARCHAR2	9	N
4	START_DT	DATE	7	Y
5	END_DT	DATE	7	Y
6	MHS_CAT	VARCHAR2	1	Y
7	CAPITATION_CODE	VARCHAR2	4	Y
8	CONTRACT_TYPE	VARCHAR2	1	Y
9	CHANGE_CONTROL_DATE	DATE	7	Y
10	CHANGE_CONTROL_USER_ID	VARCHAR2	30	Y
11	CHANGE_CONTROL_PGM	VARCHAR2	8	Y
12	CIS_ADD_DATE	DATE	7	Y
13	OLD_START_DT	DATE	7	Y
14	OLD_END_DT	DATE	7	Y
15	OLD_MHS_CAT	VARCHAR2	1	Y
16	OLD_CAPITATION_CODE	VARCHAR2	4	Y
17	OLD_CONTRACT_TYPE	VARCHAR2	1	Y
18	OLD_CHANGE_CONTROL_DATE	DATE	7	Y
19	OLD_CHANGE_CONTROL_USER_ID	VARCHAR2	30	Y
20	OLD_CHANGE_CONTROL_PGM	VARCHAR2	8	Y
21	OLD_CIS_ADD_DATE	DATE	7	Y
Table Name: AHCCCS_ELIG_EOM				
1	AHCCCS_ID	VARCHAR2	9	N
2	START_DT	DATE	7	N

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Column_I	Column_Name	Data Type	Data Length	Null?
3	END_DT	DATE	7	Y
4	CLIENT_ID	VARCHAR2	10	Y
5	MHS_CAT	VARCHAR2	1	Y
6	CAPITATION_CODE	VARCHAR2	4	Y
7	CONTRACT_TYPE	VARCHAR2	1	Y
8	CHANGE_CONTROL_DATE	DATE	7	Y
9	CHANGE_CONTROL_USER_ID	VARCHAR2	30	Y
10	CIS_ADD_DATE	DATE	7	N
11	CHANGE_CONTROL_PGM	VARCHAR2	8	Y
12	CONTR_ID	VARCHAR2	2	N
13	MEDICARE_A	VARCHAR2	1	Y
14	MEDICARE_B	VARCHAR2	1	Y
15	TPL_IND	VARCHAR2	1	Y
Table Name: AHCCCS_ELIGIBILITY				
1	AHCCCS_ID	VARCHAR2	9	N
2	START_DT	DATE	7	N
3	END_DT	DATE	7	Y
4	CLIENT_ID	VARCHAR2	10	Y
5	MHS_CAT	VARCHAR2	1	Y
6	CAPITATION_CODE	VARCHAR2	4	Y
7	CONTRACT_TYPE	VARCHAR2	1	Y
8	CHANGE_CONTROL_DATE	DATE	7	Y
9	CHANGE_CONTROL_USER_ID	VARCHAR2	30	Y
10	CIS_ADD_DATE	DATE	7	N
11	CHANGE_CONTROL_PGM	VARCHAR2	8	Y
12	CONTR_ID	VARCHAR2	2	N
13	MEDICARE_A	VARCHAR2	1	Y
14	MEDICARE_B	VARCHAR2	1	Y
15	TPL_IND	VARCHAR2	1	Y
Table Name: AHCCCS_ENCOUNTER_HIST				
1	ICN_NBR	VARCHAR2	11	N
2	LINE_NBR	NUMBER	2,0	N
3	CHANGE_SEQ_NBR	NUMBER	4,0	N
4	CRN_DATE	DATE	7	N
5	CRN_BATCH	NUMBER	4,0	N
6	CRN_DOC	NUMBER	3,0	N
7	CRN_LINE_NBR	NUMBER	2,0	N
8	CRN_STATUS	VARCHAR2	2	N

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Column_I	Column_Name	Data Type	Data Length	Null?
9	CHANGE_CONTROL_DATE	DATE	7	N
10	CHANGE_CONTROL_PROGRAM	VARCHAR2	8	N
11	AHCCCS_CRN_DATE	DATE	7	N
Table Name: AHCCCS_ENCOUNTER_PEND				
1	CRN_DATE	DATE	7	N
2	CRN_BATCH	NUMBER	4,0	N
3	CRN_DOC	NUMBER	3,0	N
4	CRN_LINE_NBR	NUMBER	2,0	N
5	CLAIM_TYPE	CHAR	1	Y
6	FORM_TYPE	CHAR	1	Y
7	CREATE_DT	DATE	7	Y
8	HEALTH_PLAN	NUMBER	6,0	Y
9	AHCCCS_ID	CHAR	9	Y
10	SVC_PROV_ID	CHAR	6	Y
11	PATIENT_ACCT_NBR	CHAR	20	Y
12	CHANGE_CONTROL_DT	DATE	7	Y
13	AHCCCS_CRN_DATE	DATE	7	N
Table Name: AHCCCS_ENCOUNTER_PEND_0430				
1	CRN_DATE	DATE	7	N
2	CRN_BATCH	NUMBER	4,0	N
3	CRN_DOC	NUMBER	3,0	N
4	CRN_LINE_NBR	NUMBER	2,0	N
5	CLAIM_TYPE	CHAR	1	Y
6	FORM_TYPE	CHAR	1	Y
7	CREATE_DT	DATE	7	Y
8	HEALTH_PLAN	NUMBER	6,0	Y
9	AHCCCS_ID	CHAR	9	Y
10	SVC_PROV_ID	CHAR	6	Y
11	PATIENT_ACCT_NBR	CHAR	20	Y
12	CHANGE_CONTROL_DT	DATE	7	Y
13	AHCCCS_CRN_DATE	DATE	7	N
Table Name: AHCCCS_ENCOUNTER_PEND_DTL				
1	CRN_DATE	DATE	7	N
2	CRN_BATCH	NUMBER	4,0	N
3	CRN_DOC	NUMBER	3,0	N
4	CRN_LINE_NBR	NUMBER	2,0	N
5	INVOICE_NBR	NUMBER	6,0	N
6	REC_TYPE	VARCHAR2	2	N

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Column_I	Column_Name	Data Type	Data Length	Null?
7	INTERNAL_FLD_NBR	VARCHAR2	3	Y
8	OLD_VALUE	VARCHAR2	17	Y
9	NEW_VALUE	VARCHAR2	17	Y
10	ACTION_CD	VARCHAR2	1	Y
11	CCL_LOC	VARCHAR2	2	Y
12	FORM_FLD_NM	VARCHAR2	15	Y
13	AHCCCS_CRN_DATE	DATE	7	N
14	CONTR_ID	VARCHAR2	2	Y
15	FORM_TYPE	VARCHAR2	1	Y
Table Name: AHCCCS_ENCOUNTER_PEND_ERR				
1	CRN_DATE	DATE	7	N
2	CRN_BATCH	NUMBER	4,0	N
3	CRN_DOC	NUMBER	3,0	N
4	CRN_LINE_NBR	NUMBER	2,0	N
5	REC_TYPE	CHAR	2	N
6	ERR_CD_01	CHAR	4	Y
7	ERR_CD_02	CHAR	4	Y
8	ERR_CD_03	CHAR	4	Y
9	ERR_CD_04	CHAR	4	Y
10	ERR_CD_05	CHAR	4	Y
11	ERR_CD_06	CHAR	4	Y
12	ERR_CD_07	CHAR	4	Y
13	ERR_CD_08	CHAR	4	Y
14	ERR_CD_09	CHAR	4	Y
15	ERR_CD_10	CHAR	4	Y
16	ERR_CD_11	CHAR	4	Y
17	ERR_CD_12	CHAR	4	Y
18	ERR_CD_13	CHAR	4	Y
19	ERR_CD_14	CHAR	4	Y
20	ERR_CD_15	CHAR	4	Y
21	AHCCCS_CRN_DATE	DATE	7	N
Table Name: AHCCCS_ENCOUNTER_PEND_ERR_0531				
1	CRN_DATE	DATE	7	N
2	CRN_BATCH	NUMBER	4,0	N
3	CRN_DOC	NUMBER	3,0	N
4	CRN_LINE_NBR	NUMBER	2,0	N
5	REC_TYPE	CHAR	2	N
6	ERR_CD_01	CHAR	4	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
7	ERR_CD_02	CHAR	4	Y
8	ERR_CD_03	CHAR	4	Y
9	ERR_CD_04	CHAR	4	Y
10	ERR_CD_05	CHAR	4	Y
11	ERR_CD_06	CHAR	4	Y
12	ERR_CD_07	CHAR	4	Y
13	ERR_CD_08	CHAR	4	Y
14	ERR_CD_09	CHAR	4	Y
15	ERR_CD_10	CHAR	4	Y
16	ERR_CD_11	CHAR	4	Y
17	ERR_CD_12	CHAR	4	Y
18	ERR_CD_13	CHAR	4	Y
19	ERR_CD_14	CHAR	4	Y
20	ERR_CD_15	CHAR	4	Y
21	AHCCCS_CRN_DATE	DATE	7	N
Table Name: AHCCCS_ENROLLMENT_HISTORY				
1	AHCCCS_ID	VARCHAR2	9	N
2	CLIENT_ID	VARCHAR2	10	N
3	CONTR_ID	VARCHAR2	2	N
4	NAME_LAST	VARCHAR2	15	Y
5	NAME_FIRST	VARCHAR2	10	Y
6	NAME_MI	VARCHAR2	1	Y
7	MHS_CAT	VARCHAR2	1	Y
8	ACTION	VARCHAR2	2	Y
9	START_DT	DATE	7	Y
10	END_DT	DATE	7	Y
11	REASON_CD	VARCHAR2	2	Y
12	INTAKE_DATE	DATE	7	Y
13	PROCESS_DT	DATE	7	Y
Table Name: AHCCCS_ERROR_TEXT				
1	ERROR_NBR	VARCHAR2	4	N
2	ERROR_MESSAGE	VARCHAR2	76	N
3	ERROR_INDICATOR	VARCHAR2	1	Y
Table Name: AHCCCS_MATCH_PERCENTAGE				
1	CATEGORY_CODE	VARCHAR2	2	N
2	TRIBAL_CODE	VARCHAR2	2	N
3	CONTRACT_TYPE	VARCHAR2	1	N
4	START_DT	DATE	7	N

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Column_I	Column_Name	Data Type	Data Length	Null?
5	END_DT	DATE	7	N
6	MONTHLY_CAPITATION_AMOUNT	NUMBER	9,2	Y
7	AHCCCS_PERCENTAGE	NUMBER	6,4	Y
8	ADHS_PERCENTAGE	NUMBER	6,4	Y
9	ADHS_RESERVE_PERCENTAGE	NUMBER	6,4	Y
Table Name: AHCCCS_PLAN_REF				
1	HEALTH_PLAN_ID	VARCHAR2	6	N
2	HEALTH_PLAN_NAME	VARCHAR2	30	Y
Table Name: AHCCCS_PROV_PROFILE				
1	AHCCCS_PROV_TYPE	VARCHAR2	2	N
2	PROVIDER_COS	VARCHAR2	2	N
3	SER_CODE_FROM	VARCHAR2	11	N
4	SER_CODE_TO	VARCHAR2	11	N
5	COS_MAN_OPT	VARCHAR2	1	Y
6	SER_TYPE	VARCHAR2	1	Y
7	CHANGE_CONTROL_DATE	DATE	7	Y
8	CHANGE_CONTROL_USER_ID	VARCHAR2	30	Y
9	EFF_BEGIN_DATE	DATE	7	Y
10	EFF_END_DATE	DATE	7	Y
Table Name: AHCCCS_PROV_TRANS				
1	DHS_PROVIDER_ID	VARCHAR2	9	N
2	AHCCCS_PROVIDER_TYPE	VARCHAR2	2	Y
3	AHCCCS_NAME	VARCHAR2	50	Y
4	AHCCCS_LICENSE	VARCHAR2	10	Y
5	AHCCCS_PM_SEND_FLAG	VARCHAR2	1	Y
6	CHANGE_CONTROL_DATE	DATE	7	Y
7	CHANGE_CONTROL_USER_ID	VARCHAR2	30	Y
Table Name: AHCCCS_PROVIDER_COS				
1	AHCCCS_ID	VARCHAR2	9	N
2	PROVIDER_ID	VARCHAR2	9	N
3	PROVIDER_COS	VARCHAR2	2	N
4	START_DT	DATE	7	N
5	END_DT	DATE	7	Y
6	CHANGE_CONTROL_DATE	DATE	7	Y
7	CHANGE_CONTROL_USER_ID	VARCHAR2	30	Y
8	AHCCCS_MATCH_FLAG	VARCHAR2	1	N
Table Name: AHCCCS_PROVIDER_ENROLL				
1	AHCCCS_ID	VARCHAR2	9	N

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Column_I	Column_Name	Data Type	Data Length	Null?
2	PROVIDER_ID	VARCHAR2	9	N
3	START_DT	DATE	7	N
4	END_DT	DATE	7	Y
5	AHCCCS_PROV_TYPE	VARCHAR2	2	Y
6	CHANGE_CONTROL_DATE	DATE	7	Y
7	CHANGE_CONTROL_USER_ID	VARCHAR2	30	Y
8	AHCCCS_MATCH_FLAG	VARCHAR2	1	N
9	AHCCCS_ENROLL_STAT	VARCHAR2	1	N
Table Name: AHCCCS_ROSTER_HISTORY				
1	CLIENT_ID	VARCHAR2	10	N
2	AHCCCS_ID	VARCHAR2	9	N
3	PROCESS_DATE	DATE	7	Y
4	PROCESS_SEQUENCE	NUMBER	2,0	Y
5	ACTION_TYPE	VARCHAR2	1	Y
6	ACTION_CODE	VARCHAR2	2	Y
7	CONTR_ID	VARCHAR2	2	Y
8	MHC	VARCHAR2	1	Y
9	CAPITATION_RATE_CODE	VARCHAR2	4	Y
10	CONTRACT_TYPE	VARCHAR2	1	Y
11	ENROLLMENT_FROM_DATE	DATE	7	Y
12	PAYMENT_TO_DATE	DATE	7	Y
13	PRIMARY_AHCCCS_ID	VARCHAR2	9	Y
14	ACUTE_HEALTH_PLAN_ID	VARCHAR2	6	Y
15	PAYMENT_FROM_DATE	DATE	7	Y
16	VOUCHER_NUMBER	VARCHAR2	9	Y
17	CAPITATION_RATE_AMOUNT	NUMBER	7,2	Y
18	NUMBER_OF_DAYS	NUMBER	3,0	Y
19	CIS_ADD_DATE	DATE	7	Y
Table Name: AHCCCS_TPL				
1	AHCCCS_ID	VARCHAR2	9	N
2	SEQ_NBR	VARCHAR2	2	Y
3	PROCESS_DATE	DATE	7	Y
4	LAST_NAME	VARCHAR2	20	Y
5	FIRST_NAME	VARCHAR2	10	Y
6	SEX	VARCHAR2	1	Y
7	DOB	DATE	7	Y
8	POLICY_NBR	VARCHAR2	20	Y
9	COVERAGE_TYPE	VARCHAR2	1	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
10	START_DATE	DATE	7	N
11	END_DATE	DATE	7	N
12	CARRIER_NAME	VARCHAR2	30	N
13	CARRIER_PHONE	VARCHAR2	10	Y
14	CARRIER_ADDR1	VARCHAR2	23	Y
15	CARRIER_ADDR2	VARCHAR2	23	Y
16	CARRIER_CITY	VARCHAR2	18	Y
17	CARRIER_STATE	VARCHAR2	2	Y
18	CARRIER_ZIP	VARCHAR2	9	Y
19	INS_LAST_NM	VARCHAR2	20	Y
20	INS_FIRST_NM	VARCHAR2	10	Y
21	INS_MI	VARCHAR2	1	Y
22	RELATIONSHIP	VARCHAR2	1	Y
23	INS_EMPLOYER	VARCHAR2	30	Y
24	INS_GROUP_NBR	VARCHAR2	20	Y
25	ADD_DATE	DATE	7	Y
26	CHANGE_CONTROL_DATE	DATE	7	Y
27	VERIFY_DATE	DATE	7	Y
28	HEALTH_PLAN_ID	VARCHAR2	6	Y
Table Name: AHCCCS_TPL_UPD				
1	AHCCCS_ID	VARCHAR2	9	Y
2	SEQ_NBR	VARCHAR2	2	Y
3	PROCESS_DATE	DATE	7	Y
4	LAST_NAME	VARCHAR2	20	Y
5	FIRST_NAME	VARCHAR2	10	Y
6	SEX	VARCHAR2	1	Y
7	DOB	DATE	7	Y
8	POLICY_NBR	VARCHAR2	20	Y
9	COVERAGE_TYPE	VARCHAR2	1	Y
10	START_DATE	DATE	7	Y
11	END_DATE	DATE	7	Y
12	CARRIER_NAME	VARCHAR2	30	Y
13	CARRIER_PHONE	VARCHAR2	10	Y
14	CARRIER_ADDR1	VARCHAR2	23	Y
15	CARRIER_ADDR2	VARCHAR2	23	Y
16	CARRIER_CITY	VARCHAR2	18	Y
17	CARRIER_STATE	VARCHAR2	2	Y
18	CARRIER_ZIP	VARCHAR2	9	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
19	INS_LAST_NM	VARCHAR2	20	Y
20	INS_FIRST_NM	VARCHAR2	10	Y
21	INS_MI	VARCHAR2	1	Y
22	RELATIONSHIP	VARCHAR2	1	Y
23	INS_EMPLOYER	VARCHAR2	30	Y
24	INS_GROUP_NBR	VARCHAR2	20	Y
25	ADD_DATE	DATE	7	Y
26	CHANGE_CONTROL_DATE	DATE	7	Y
27	VERIFY_DATE	DATE	7	Y
28	HEALTH_PLAN_ID	VARCHAR2	6	Y
Table Name: ALL_VOIDS				
1	CONTR_ID	VARCHAR2	2	Y
2	PROVIDER	VARCHAR2	7	Y
3	ICN_NBR	VARCHAR2	11	Y
4	LINE_NBR	NUMBER	,	Y
5	CLIENT_ID	VARCHAR2	10	Y
6	F_NM	VARCHAR2	10	Y
7	M_NM	VARCHAR2	1	Y
8	L_NM	VARCHAR2	15	Y
9	START_DT	DATE	7	Y
10	END_DT	DATE	7	Y
11	PROCEDURE_CODE	VARCHAR2	5	Y
Table Name: APPL_TABLE_XREF				
1	APPLICATION_ID	VARCHAR2	7	N
2	TNAME	VARCHAR2	30	N
3	ACCESS_TYPE	VARCHAR2	1	N
Table Name: APPLICATION				
1	APPLICATION_ID	VARCHAR2	7	N
2	APPLICATION_DESCRIPTION	VARCHAR2	65	N
Table Name: ASSESS_A_DELETE				
1	CONTR_ID	VARCHAR2	2	N
2	CLIENT_ID	VARCHAR2	10	N
3	ASSESS_DT	DATE	7	N
4	CIS_ADD_DATE	DATE	7	N
5	ORIG_CIS_PROCESS_DATE	DATE	7	N
6	CHANGE_CONTROL_DATE	DATE	7	N
7	CHANGE_CONTROL_PGM	VARCHAR2	8	Y
8	CHANGE_CONTROL_USER_ID	VARCHAR2	8	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
Table Name: ASSESS_B_DELETE				
1	CONTR_ID	VARCHAR2	2	N
2	CLIENT_ID	VARCHAR2	10	N
3	ASSESS_DT	DATE	7	N
4	CIS_ADD_DATE	DATE	7	N
5	ORIG_CIS_PROCESS_DATE	DATE	7	N
6	CHANGE_CONTROL_DATE	DATE	7	N
7	CHANGE_CONTROL_PGM	VARCHAR2	8	Y
8	CHANGE_CONTROL_USER_ID	VARCHAR2	8	Y
Table Name: ASSESSMENT_A				
1	CLIENT_ID	VARCHAR2	10	N
2	CONTR_ID	VARCHAR2	2	N
3	ASSESS_DT	DATE	7	N
4	INTAKE_DATE	DATE	7	N
5	INTERVAL	NUMBER	1,0	N
6	ASSESSB_DT	DATE	7	Y
7	RESIDENCE	NUMBER	1,0	Y
8	FAMILY_SETTING	NUMBER	1,0	Y
9	HOUSEHOLD	NUMBER	1,0	Y
10	EMPLOYMENT_STAT	VARCHAR2	2	Y
11	ARREST_PY_PROTECT	NUMBER	2,0	Y
12	ARREST_SA_PROTECT	NUMBER	2,0	Y
13	ARREST_PY_ALCOHOL	NUMBER	2,0	Y
14	ARREST_SA_ALCOHOL	NUMBER	2,0	Y
15	ARREST_PY_DRUG	NUMBER	2,0	Y
16	ARREST_SA_DRUG	NUMBER	2,0	Y
17	ARREST_PY_VIOLENT	NUMBER	2,0	Y
18	ARREST_SA_VIOLENT	NUMBER	2,0	Y
19	ARREST_PY_FELONY	NUMBER	2,0	Y
20	ARREST_SA_FELONY	NUMBER	2,0	Y
21	ARREST_PY_MISDEM	NUMBER	2,0	Y
22	ARREST_SA_MISDEM	NUMBER	2,0	Y
23	PSYCHO_MEDS	NUMBER	1,0	Y
24	CLIENT_ELIG_SSI	NUMBER	1,0	Y
25	CLIENT_ELIG SSDI	NUMBER	1,0	Y
26	SUBSTANCE_1	VARCHAR2	4	Y
27	FREQ_SUB_USE_1	NUMBER	1,0	Y
28	ROUTE_1	NUMBER	1,0	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
29	AGE_FIRST_USE_1	NUMBER	2,0	Y
30	SUBSTANCE_2	VARCHAR2	4	Y
31	FREQ_SUB_USE_2	NUMBER	1,0	Y
32	ROUTE_2	NUMBER	1,0	Y
33	AGE_FIRST_USE_2	NUMBER	2,0	Y
34	SUBSTANCE_3	VARCHAR2	4	Y
35	FREQ_SUB_USE_3	NUMBER	1,0	Y
36	ROUTE_3	NUMBER	1,0	Y
37	AGE_FIRST_USE_3	NUMBER	2,0	Y
38	ASSESSA_PROB_1	VARCHAR2	2	Y
39	ASSESSA_PROB_2	VARCHAR2	2	Y
40	ASSESSA_PROB_3	VARCHAR2	2	Y
41	ASSESSA_PROB_4	VARCHAR2	2	Y
42	ASSESSA_PROB_5	VARCHAR2	2	Y
43	AXIS_I_1	VARCHAR2	6	Y
44	AXIS_I_2	VARCHAR2	6	Y
45	AXIS_II_1	VARCHAR2	6	Y
46	AXIS_II_2	VARCHAR2	6	Y
47	AXIS_III_1	VARCHAR2	6	Y
48	AXIS_III_2	VARCHAR2	6	Y
49	AXIS_IV	NUMBER	1,0	Y
50	AXIS_V_GAF	NUMBER	2,0	Y
51	SMI_FLAG	VARCHAR2	1	Y
52	SED_FLAG	VARCHAR2	1	Y
53	IV_DRUG_FLAG	VARCHAR2	1	Y
54	PREGNANT_FLAG	VARCHAR2	1	Y
55	WOMAN_DEP_FLAG	VARCHAR2	1	Y
56	METHADONE_TREATMENT	VARCHAR2	1	Y
57	CHANGE_CONTROL_DATE	DATE	7	Y
58	CHANGE_CONTROL_USER_ID	VARCHAR2	30	Y
59	CIS_ADD_DATE	DATE	7	Y
60	CHANGE_CONTROL_PGM	VARCHAR2	8	Y
61	CONTRACTOR_RESEARCH	VARCHAR2	10	Y
62	DIVISION_RESEARCH	VARCHAR2	10	Y
Table Name: ASSESSMENT_B				
1	CLIENT_ID	VARCHAR2	12	N
2	CONTR_ID	VARCHAR2	4	N
3	INTAKE_DATE	DATE	7	N

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4	ASSESS_DT	DATE	7	N
5	SUICIDAL	NUMBER	1,0	Y
6	ASSAULTIVE	NUMBER	1,0	Y
7	WALKAWAY_POTENTIAL	NUMBER	1,0	Y
8	GRAVELY_DISABLED	NUMBER	1,0	Y
9	DANGER_TO_SELF	NUMBER	1,0	Y
10	DANGER_TO_OTHERS	NUMBER	1,0	Y
11	EVER_VICTIM_PHYS_ABUSE	NUMBER	1,0	Y
12	EVER_VICTIM_SEX_ABUSE	NUMBER	1,0	Y
13	EVER_SUBST_ABUSE_IN_FAM	NUMBER	4,0	Y
14	ANXIOUS_NERVOUS	NUMBER	10,0	Y
15	FEARS_PHOBIAS	NUMBER	10,0	Y
16	ANGER_HOSTILITY	NUMBER	1,0	Y
17	GUILTY_FEELINGS	NUMBER	1,0	Y
18	SLEEP_PROBLEMS	NUMBER	1,0	Y
19	DEPRESSION	NUMBER	1,0	Y
20	WORTHLESSNESS_SELF_EST	NUMBER	1,0	Y
21	LONELINESS	NUMBER	1,0	Y
22	BOREDOM_NO_PURPOSE	NUMBER	1,0	Y
23	FEELINGS_EASILY_HURT	NUMBER	1,0	Y
24	MANIC_RESTLESS	NUMBER	1,0	Y
25	MOOD_SWINGS	NUMBER	1,0	Y
26	FATIGUE_LOW_ENERGY	NUMBER	1,0	Y
27	POOR_MEMORY	NUMBER	1,0	Y
28	LOW_INTELLIGENCE	NUMBER	1,0	Y
29	CONFUSION	NUMBER	1,0	Y
30	IMPAIRED_JUDGEMENT	NUMBER	1,0	Y
31	POOR_ATTENTION_SPAN	NUMBER	1,0	Y
32	LEARNING_DISABILITY	NUMBER	1,0	Y
33	BIZARRE_THOUGHTS	NUMBER	1,0	Y
34	REPEATED_THOUGHTS	NUMBER	1,0	Y
35	HALLUCINATIONS	NUMBER	1,0	Y
36	DELUSIONS	NUMBER	1,0	Y
37	PARANOID	NUMBER	1,0	Y
38	ACUTE_ILLNESS	NUMBER	1,0	Y
39	CHRONIC_ILLNESS	NUMBER	1,0	Y
40	NUTRITION_WEIGHT	NUMBER	1,0	Y
41	EATING_DISORDER	NUMBER	1,0	Y
42	CENT_NEURO_DISORDER	NUMBER	1,0	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
43	PERMANENT_DISABILITY	NUMBER	1,0	Y
44	INJ_BY_ABUSE_OR_ASSAULT	NUMBER	1,0	Y
45	INTERFERES_W_RELATIONSHIPS	NUMBER	1,0	Y
46	INTERFERES_W_ROLE_PERF	NUMBER	1,0	Y
47	UNABLE_TO_CONTROL_USE	NUMBER	1,0	Y
48	EXPER_PHYS_EFFECTS	NUMBER	1,0	Y
49	INTERFERES_W_DLY_FUNCTN	NUMBER	1,0	Y
50	DEPENDENCY_ADDICTION	NUMBER	1,0	Y
51	PROB_W_PRIMARY_PARTNER	NUMBER	1,0	Y
52	PROB_W_OTHER_RELATIVES	NUMBER	1,0	Y
53	PARENTING_PROBLEMS	NUMBER	1,0	Y
54	NEGLECT_OR_ABUSE_OF_FAM	NUMBER	1,0	Y
55	FAMILY_INSTABILITY	NUMBER	1,0	Y
56	FAMILY_VIOLENCE	NUMBER	1,0	Y
57	PROBLEMS_WITH_FRIENDS	NUMBER	1,0	Y
58	LACKS_SOCIAL_SKILLS	NUMBER	1,0	Y
59	ESTABLISH_RELATIONSHIPS	NUMBER	1,0	Y
60	MAINTAIN_RELATIONSHIPS	NUMBER	1,0	Y
61	ABSENTEEISM	NUMBER	1,0	Y
62	PERFORMANCE_PROBLEMS	NUMBER	1,0	Y
63	BEHAVIOR_PROBLEMS	NUMBER	1,0	Y
64	TERMINATION_EXPULSION	NUMBER	1,0	Y
65	MANAGE_PERSNL_ENVIRON	NUMBER	1,0	Y
66	DISREGARDS_RULES	NUMBER	1,0	Y
67	DISHONEST	NUMBER	1,0	Y
68	RESISTIVE	NUMBER	1,0	Y
69	BELLIGERENT	NUMBER	1,0	Y
70	USES_OR_CONS_OTHERS	NUMBER	1,0	Y
71	OFFENSES_AGAINST_PERSNS	NUMBER	1,0	Y
72	OFFENSES_AGAINST_PROPRTY	NUMBER	1,0	Y
73	HAS_CURR_LEGAL_PROBLEMS	NUMBER	1,0	Y
74	PROVIDE_OWN_FOOD	NUMBER	1,0	Y
75	PROVIDE_OWN_CLOTHING	NUMBER	1,0	Y
76	PROVIDE_OWN_HOUSING	NUMBER	1,0	Y
77	PROVIDE_OWN_TRANSPORTN	NUMBER	1,0	Y
78	READ_AND_WRITE	NUMBER	1,0	Y
79	MANAGE_MONEY	NUMBER	1,0	Y
80	EARN_MONEY	NUMBER	1,0	Y

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81	DO_HOUSEHOLD_CHORES	NUMBER	1,0	Y
82	FOLLOW_A_SCHEDULE	NUMBER	1,0	Y
83	PREPARE_ADEQUATE_MEALS	NUMBER	1,0	Y
84	MAINTAIN_PRSNL_HYGENE	NUMBER	1,0	Y
85	DRESS_APPROPRIATELY	NUMBER	10,0	Y
86	MAKE_REASONABLE_DECSIONS	NUMBER	1,0	Y
87	OBTAIN_HEALTH_CARE	NUMBER	1,0	Y
88	FEELNG_AFFECT_MOOD_FUNC	NUMBER	2,0	Y
89	THINK_MNTL_PROC_FUNC	NUMBER	2,0	Y
90	MEDICAL_PHYSICAL_FUNC	NUMBER	2,0	Y
91	SUBSTANCE_ABUSE_FUNC	NUMBER	2,0	Y
92	FAM_LIVNG_SITUATN_FUNC	NUMBER	2,0	Y
93	INTERPRSNL_RLNS_FUNC	NUMBER	2,0	Y
94	ROLE_PERFMNCE_FUNC	NUMBER	2,0	Y
95	SOCIO_LEGAL_FUNCTIONING	NUMBER	2,0	Y
96	SELF CARE_BAS_NEEDS_FUNC	NUMBER	2,0	Y
97	CHANGE_CONTROL_DATE	DATE	7	Y
98	CHANGE_CONTROL_USER_ID	VARCHAR2	30	Y
99	CIS_ADD_DATE	DATE	7	Y
100	CHANGE_CONTROL_PGM	VARCHAR2	8	Y
101	INTERVAL	VARCHAR2	1	Y
102	CONTRACTOR_RESEARCH	VARCHAR2	10	Y
103	DIVISION_RESEARCH	VARCHAR2	10	Y

Table Name: BALANCE_ACTIVITY_DETAIL

1	TRANSACTION_NBR	NUMBER	9,0	N
2	PRIOR_AUTH_NBR	VARCHAR2	6	Y
3	CLIENT_ID	VARCHAR2	10	Y
4	PROCEDURE_CODE	VARCHAR2	5	Y
5	EFFECTIVE_DT	DATE	7	Y
6	CANCEL_DT	DATE	7	Y
7	SVC_TYPE	VARCHAR2	1	Y
8	EDS_UPDATE_DT	DATE	7	Y
9	PROGRAM_CODE	VARCHAR2	1	Y
10	SEQUENCE_NBR	NUMBER	3,0	Y
11	START_DT	DATE	7	Y
12	END_DT	DATE	7	Y
13	ICN_NBR	VARCHAR2	11	Y
14	LINE_NBR	NUMBER	2,0	Y
15	CHANGE_CONTROL_DATE	DATE	7	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
16	CONTR_ID	VARCHAR2	2	Y
17	ALLOCATION_REDUCTION	NUMBER	9,2	Y
18	ACTIVITY_TYPE	VARCHAR2	3	Y
19	ACTIVITY_DT	DATE	7	Y
20	TRANSACTION_AMOUNT	NUMBER	9,2	Y
21	AHCCCS_ID	VARCHAR2	9	Y
22	AHCCCS_START_DT	DATE	7	Y
23	PROGRAM_STAMP	VARCHAR2	4	Y
Table Name: BATCH_LOG				
1	CONTR_ID	VARCHAR2	2	N
2	SUB_CONTR_ID	VARCHAR2	4	N
3	FACILITY_ID	VARCHAR2	3	N
4	BATCH_DATE	DATE	7	N
5	BATCH_SEQ_NBR	NUMBER	4,0	N
6	BATCH_FORM_CNT_001	NUMBER	5,0	Y
7	BATCH_FORM_CNT_002	NUMBER	5,0	Y
8	BATCH_FORM_CNT_003	NUMBER	5,0	Y
9	BATCH_FORM_CNT_004	NUMBER	5,0	Y
10	BATCH_FORM_CNT_005B	NUMBER	5,0	Y
11	BATCH_FORM_CNT_005	NUMBER	5,0	Y
12	BATCH_FORM_CNT_006B	NUMBER	5,0	Y
13	BATCH_FORM_CNT_006	NUMBER	5,0	Y
14	BATCH_FORM_CNT_007	NUMBER	5,0	Y
15	BATCH_FORM_CNT_008	NUMBER	5,0	Y
16	ACTUAL_FORM_CNT_001	NUMBER	5,0	Y
17	ACTUAL_FORM_CNT_002	NUMBER	5,0	Y
18	ACTUAL_FORM_CNT_003	NUMBER	5,0	Y
19	ACTUAL_FORM_CNT_004	NUMBER	5,0	Y
20	ACTUAL_FORM_CNT_005B	NUMBER	5,0	Y
21	ACTUAL_FORM_CNT_005	NUMBER	5,0	Y
22	ACTUAL_FORM_CNT_006B	NUMBER	5,0	Y
23	ACTUAL_FORM_CNT_006	NUMBER	5,0	Y
24	ACTUAL_FORM_CNT_007	NUMBER	5,0	Y
25	ACTUAL_FORM_CNT_008	NUMBER	5,0	Y
26	REJECT_FORM_CNT_001	NUMBER	5,0	Y
27	REJECT_FORM_CNT_002	NUMBER	5,0	Y
28	REJECT_FORM_CNT_003	NUMBER	5,0	Y
29	REJECT_FORM_CNT_004	NUMBER	5,0	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
30	REJECT_FORM_CNT_005B	NUMBER	5,0	Y
31	REJECT_FORM_CNT_005	NUMBER	5,0	Y
32	REJECT_FORM_CNT_006B	NUMBER	5,0	Y
33	REJECT_FORM_CNT_006	NUMBER	5,0	Y
34	REJECT_FORM_CNT_007	NUMBER	5,0	Y
35	REJECT_FORM_CNT_008	NUMBER	5,0	Y
36	ERROR_NBR	NUMBER	3,0	Y
37	REPORT_RUN_DATE	DATE	7	Y
38	CHANGE_CONTROL_DATE	DATE	7	Y
39	CHANGE_CONTROL_USER_ID	VARCHAR2	30	Y
Table Name: BUDGET_DETAIL_COMPONENT				
1	PROGRAM_CODE	VARCHAR2	1	N
2	RESTRICTION_CODE	VARCHAR2	2	N
3	DIVISION_CODE	VARCHAR2	2	N
4	FUNDING_SOURCE	VARCHAR2	2	N
5	ACTIVITY_CODE	VARCHAR2	6	N
6	FUND_START_DT	DATE	7	Y
7	FUND_END_DT	DATE	7	Y
8	AMOUNT	NUMBER	9,2	Y
Table Name: BUSINESS_MONTH				
1	BUSINESS_MONTH	NUMBER	6,0	N
2	MONTH_BEG_DATE	DATE	7	N
3	MONTH_END_DATE	DATE	7	N
4	PROCESS_DATE	DATE	7	N
Table Name: CAPITATION_DAILY_RATE				
1	CONTR_ID	VARCHAR2	2	N
2	PROGRAM_CODE	VARCHAR2	1	N
3	AHCCCS_IND	VARCHAR2	1	N
4	RATE_BEG_DATE	DATE	7	N
5	RATE_END_DATE	DATE	7	N
6	MONTH_BEG_DATE	DATE	7	N
7	MONTH_END_DATE	DATE	7	N
8	ADM_CAP_AMT	NUMBER	8,4	Y
9	CASE_MGT_CAP_AMT	NUMBER	8,4	Y
10	CASE_SERVICE_CAP_AMT	NUMBER	8,4	Y
11	NON_CASE_SERVICE_CAP_AMT	NUMBER	8,4	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
Table Name: CAPITATION_ESTIMATE				
1	CONTR_ID	VARCHAR2	2	Y
2	FY	VARCHAR2	9	Y
3	TOTAL_POPULATION	NUMBER	9,0	Y
4	NATIVE_AMERICAN	NUMBER	9,0	Y
5	NON_NATIVE_AMERICAN	NUMBER	9,0	Y
6	CHANGE_CONTROL_PGM	VARCHAR2	8	Y
7	CHANGE_CONTROL_DATE	DATE	7	Y
8	CHANGE_CONTROL_USER_ID	VARCHAR2	30	Y
Table Name: CAPITATION_RATE				
1	CONTR_ID	VARCHAR2	2	N
2	PROGRAM_CODE	VARCHAR2	1	N
3	AHCCCS_IND	VARCHAR2	1	N
4	RATE_BEG_DATE	DATE	7	N
5	RATE_END_DATE	DATE	7	N
6	ADM_CAP_AMT	NUMBER	7,2	Y
7	CASE_MGT_CAP_AMT	NUMBER	7,2	Y
8	CASE_SERVICE_CAP_AMT	NUMBER	7,2	Y
9	NON_CASE_SERVICE_CAP_AMT	NUMBER	7,2	Y
10	CHANGE_CONTROL_DATE	DATE	7	Y
11	CHANGE_CONTROL_USER_ID	VARCHAR2	30	Y
Table Name: CAPZIP_REPORT				
1	RP_ZIP	VARCHAR2	9	Y
2	ACT_TYP	VARCHAR2	1	Y
Table Name: CASE_MGR				
1	CONTR_ID	VARCHAR2	2	N
2	CASE_MGR_ID	NUMBER	5,0	N
3	REGISTER_DT	DATE	7	Y
4	OBSOLETE_DATE	DATE	7	Y
5	F_NM	VARCHAR2	15	Y
6	M_NM	VARCHAR2	15	Y
7	L_NM	VARCHAR2	15	Y
8	CASE_MGR_PHONE	VARCHAR2	7	Y
9	YEAR_OF_BIRTH	NUMBER	2,0	Y
10	SEX	VARCHAR2	1	Y
11	RACE	NUMBER	1,0	Y
12	EDUC	NUMBER	2,0	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
13	LANGUAGE_SPOKEN_1	NUMBER	1,0	Y
14	LANGUAGE_SPOKEN_2	NUMBER	1,0	Y
15	LANGUAGE_SPOKEN_3	NUMBER	1,0	Y
16	LANGUAGE_SPOKEN_4	NUMBER	1,0	Y
17	GOVT_LICENSE_AZ	VARCHAR2	1	Y
18	GOVT_LICENSE_OTHER_STATE	VARCHAR2	1	Y
19	GOVT_LICENSE_OTHER_COUNTRY	VARCHAR2	1	Y
20	BOARD_CERT_AZ	VARCHAR2	1	Y
21	BOARD_CERT_OTHER_STATE	VARCHAR2	1	Y
22	BOARD_CERT_OTHER_COUNTRY	VARCHAR2	1	Y
23	DIRECT_ADJUNCTV_CLIENT_CARE	NUMBER	3,0	Y
24	CONSULT_EDUCATION_PREVENTN	NUMBER	3,0	Y
25	ADMIN_MANAGEMENT	NUMBER	3,0	Y
26	OTHER_JOB_FUNCTION	NUMBER	3,0	Y
27	TRAINING	NUMBER	2,0	Y
28	CHANGE_CONTROL_DATE	DATE	7	Y
29	CHANGE_CONTROL_USER_ID	VARCHAR2	30	Y
30	LOCATION	VARCHAR2	2	Y
31	TEAM	VARCHAR2	1	Y
32	CIS_ADD_DATE	DATE	7	Y
33	CHANGE_CONTROL_PGM	VARCHAR2	8	Y
Table Name: CDS_SERVICE_CODE				
1	CDS_SERVICE_CODE	VARCHAR2	2	N
2	DESCR	VARCHAR2	40	N
Table Name: CHECK_POINT				
1	PROGRAM_ID	VARCHAR2	6	N
2	LAST_CHECKPOINT	VARCHAR2	240	Y
3	CHANGE_CONTROL_DATE	DATE	7	Y
Table Name: CIS_PROVIDER_HISTORY				
1	CONTR_ID	VARCHAR2	2	Y
2	SUB_CONTR_ID	VARCHAR2	4	Y
3	FACILITY_ID	VARCHAR2	3	Y
4	START_DT	DATE	7	Y
5	END_DT	DATE	7	Y
6	ELIGIBLE_CD	VARCHAR2	2	Y
7	STATUS_CD	VARCHAR2	1	Y
8	REASON_CD	VARCHAR2	2	Y
9	PROV_TYPE	VARCHAR2	2	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
10	CHANGE_CONTROL_DATE	DATE	7	Y
11	CHANGE_CONTROL_USER_ID	VARCHAR2	30	Y
12	CHANGE_CONTROL_PGM	VARCHAR2	8	Y
Table Name: CIS_VERSION				
1	VERSION_NBR	VARCHAR2	5	Y
2	VERSION_DATE	DATE	7	Y
3	IP_ADDRESS	VARCHAR2	16	Y
4	USERID	VARCHAR2	10	Y
5	PASSWORD	VARCHAR2	10	Y
6	SOURCEFILE	VARCHAR2	40	Y
7	TARGETFILE	VARCHAR2	40	Y
Table Name: CLIENT_CLOSURE				
1	CLIENT_ID	VARCHAR2	10	N
2	CONTR_ID	VARCHAR2	2	N
3	INTAKE_DT	DATE	7	N
4	EVENT_DATE	DATE	7	N
5	EVENT_TYPE	VARCHAR2	1	Y
6	EVENT_REASON	VARCHAR2	2	Y
7	PROVIDER_TYPE	VARCHAR2	2	Y
8	RBHA_CLIENT_ID	VARCHAR2	10	Y
9	ACTION_CODE	VARCHAR2	1	Y
Table Name: CLIENT_INCARC_HIST				
1	INCARC_SEQ_NBR	NUMBER	6,0	N
2	CLIENT_ID	VARCHAR2	10	N
3	CONTR_ID	VARCHAR2	2	N
4	INTAKE_DATE	DATE	7	N
5	INCARC_START_DT	DATE	7	N
6	CHANGE_CONTROL_USER_ID	VARCHAR2	30	N
7	CHANGE_CONTROL_DATE	DATE	7	N
8	INCARC_VOID	VARCHAR2	1	Y
9	INCARC_END_DT	DATE	7	Y
10	AHCCCS_ID	VARCHAR2	9	Y
Table Name: CLIENT_INTAKE				
1	CONTR_ID	VARCHAR2	2	N
2	CLIENT_ID	VARCHAR2	10	Y
3	INTAKE_DATE	DATE	7	N
4	AHCCCS_ID	VARCHAR2	9	Y
5	SSNO	VARCHAR2	10	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
6	F_NM	VARCHAR2	10	Y
7	M_NM	VARCHAR2	1	Y
8	L_NM	VARCHAR2	15	Y
9	INTAKE_TYPE	VARCHAR2	1	Y
10	DOB	DATE	7	Y
11	SEX	VARCHAR2	1	Y
12	RACE	VARCHAR2	2	Y
13	HEALTH_PLAN	VARCHAR2	6	Y
14	ADDRESS_LINE_1	VARCHAR2	25	Y
15	ADDRESS_LINE_2	VARCHAR2	25	Y
16	CITY	VARCHAR2	20	Y
17	STATE	VARCHAR2	2	Y
18	ZIP_CODE	VARCHAR2	9	Y
19	VETERAN	VARCHAR2	1	Y
20	COUNTY_RESIDENCE	VARCHAR2	2	Y
21	CENSUS_TRACT	NUMBER	6,2	Y
22	CENSUS_PLACE	VARCHAR2	4	Y
23	MED_INSURANCE_1	VARCHAR2	2	Y
24	MED_INSURANCE_2	VARCHAR2	2	Y
25	MED_INSURANCE_3	VARCHAR2	2	Y
26	INC_SOURCE_1	VARCHAR2	2	Y
27	INC_SOURCE_2	VARCHAR2	2	Y
28	INC_SOURCE_3	VARCHAR2	2	Y
29	FAMILY_SIZE	VARCHAR2	2	Y
30	INCOME	VARCHAR2	2	Y
31	MARITAL_STAT	VARCHAR2	1	Y
32	DAYS_WAITING_TREAT	VARCHAR2	3	Y
33	EDUC	VARCHAR2	2	Y
34	PAYMENT_SOURCE	VARCHAR2	2	Y
35	LEGAL_STAT	VARCHAR2	1	Y
36	OTHER_AGENCY_1	VARCHAR2	1	Y
37	OTHER_AGENCY_2	VARCHAR2	1	Y
38	OTHER_AGENCY_3	VARCHAR2	1	Y
39	SMI_FLAG	VARCHAR2	1	Y
40	SED_FLAG	VARCHAR2	1	Y
41	IV_DRUG_FLAG	VARCHAR2	1	Y
42	PREGNANT_FLAG	VARCHAR2	1	Y
43	WOMAN_DEP_FLAG	VARCHAR2	1	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
44	DNHS_HANDICAP	VARCHAR2	2	Y
45	REFERRAL	VARCHAR2	2	Y
46	CASE_MGR_ID	VARCHAR2	5	Y
47	CLOSURE_DATE	DATE	7	Y
48	ASSESS_DT	DATE	7	Y
49	ASSESS_SMI_FLAG	VARCHAR2	1	Y
50	ASSESS_SED_FLAG	VARCHAR2	1	Y
51	ASSESS_IV_DRUG_FLAG	VARCHAR2	1	Y
52	ASSESS_PREGNANT_FLAG	VARCHAR2	1	Y
53	ASSESS_WOMAN_DEP_FLAG	VARCHAR2	1	Y
54	EDS_ADD_DT	DATE	7	Y
55	EDS_UPDATE_ID	VARCHAR2	8	Y
56	EDS_UPDATE_DT	DATE	7	Y
57	EDS_FILE_DT	DATE	7	Y
58	PROGRAM_IND	VARCHAR2	1	Y
59	INCARC_STATUS	VARCHAR2	1	Y
60	CIS_ADD_DATE	DATE	7	Y
61	CHANGE_CONTROL_DATE	DATE	7	Y
62	CHANGE_CONTROL_PGM	VARCHAR2	8	Y
63	CHANGE_CONTROL_USER_ID	VARCHAR2	8	Y
64	WITHDRAWAL_INDICATOR	VARCHAR2	1	Y
65	WITHDRAWAL_DATE	DATE	7	Y
66	RBHA_CLIENT_ID	VARCHAR2	10	Y
67	ACTION_CODE	VARCHAR2	1	Y
68	NEW_INTAKE_DATE	DATE	7	Y
Table Name: CLIENTID_CONVERSION				
1	CLIENT_ID	VARCHAR2	10	N
2	CLIENT_NUMBER	NUMBER	,	Y
Table Name: CLOSURE				
1	CLIENT_ID	VARCHAR2	10	N
2	CONTR_ID	VARCHAR2	2	N
3	INTAKE_DT	DATE	7	N
4	EVENT_DATE	DATE	7	N
5	EVENT_TYPE	VARCHAR2	1	Y
6	EVENT_REASON	VARCHAR2	2	Y
7	PROVIDER_TYPE	VARCHAR2	2	Y
8	EDS_ADD_DT	DATE	7	Y
9	EDS_UPDATE_ID	VARCHAR2	8	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
10	EDS_UPDATE_DT	DATE	7	Y
11	EDS_FILE_DT	DATE	7	Y
12	CIS_ADD_DATE	DATE	7	Y
13	CHANGE_CONTROL_DATE	DATE	7	Y
14	CHANGE_CONTROL_PGM	VARCHAR2	8	Y
15	CHANGE_CONTROL_USER_ID	VARCHAR2	8	Y
16	RBHA_CLIENT_ID	VARCHAR2	10	Y
Table Name: CLOSURE_INTAKE_DT_CHG				
1	CONTR_ID	VARCHAR2	2	N
2	CLIENT_ID	VARCHAR2	10	N
3	INTAKE_DT	DATE	7	N
4	PRIOR_INTAKE_DATE	DATE	7	N
5	CHANGE_CONTROL_DATE	DATE	7	N
6	CHANGE_CONTROL_PGM	VARCHAR2	8	N
7	CHANGE_CONTROL_USER_ID	VARCHAR2	8	Y
Table Name: CODE_TABLE				
1	TNAME	VARCHAR2	30	N
2	REMARKS	VARCHAR2	80	Y
3	CNAME1	VARCHAR2	30	Y
4	COLTYPE1	VARCHAR2	1	Y
5	WIDTH1	NUMBER	2,0	Y
6	CNAME2	VARCHAR2	30	Y
7	COLTYPE2	VARCHAR2	1	Y
8	WIDTH2	NUMBER	2,0	Y
9	CNAME3	VARCHAR2	30	Y
10	COLTYPE3	VARCHAR2	1	Y
11	WIDTH3	NUMBER	2,0	Y
Table Name: CODE_VALUE				
1	TNAME	VARCHAR2	30	N
2	TCODE	VARCHAR2	6	N
3	START_DATE	DATE	7	N
4	OBSOLETE_DATE	DATE	7	Y
5	DESCR	VARCHAR2	30	Y
6	DICTIONARY_ID	VARCHAR2	7	Y
Table Name: CONTRACT_PROGRAM				
1	CONTR_ID	VARCHAR2	2	N
2	PROGRAM_CODE	VARCHAR2	1	N
3	CONTRACT_NBR	NUMBER	10,0	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
4	CONTRACT_START_DT	DATE	7	Y
5	CONTRACT_END_DT	DATE	7	Y
6	MAXIMUM_DOLLAR_AMOUNT	NUMBER	11,2	Y
Table Name: CONTRACTOR				
1	CONTR_ID	VARCHAR2	2	N
2	CONTR_SHORT_NAME	VARCHAR2	10	N
3	CONTR_LONG_NAME	VARCHAR2	50	N
4	ADDRESS_1	VARCHAR2	25	Y
5	ADDRESS_2	VARCHAR2	25	Y
6	CITY	VARCHAR2	15	Y
7	STATE	VARCHAR2	2	Y
8	ZIP_5	NUMBER	5,0	Y
9	ZIP_4	NUMBER	4,0	Y
10	T19_EFFECTIVE_FROM_DT	DATE	7	Y
11	T19_EFFECTIVE_TO_DT	DATE	7	Y
12	T19_CONTRACT_IND	VARCHAR2	1	N
13	BHS_CONTRACT_IND	VARCHAR2	1	N
14	BHS_EFFECTIVE_FROM_DT	DATE	7	Y
15	BHS_EFFECTIVE_TO_DT	DATE	7	Y
Table Name: CUR_CIS				
1	AHCCCS_ID	VARCHAR2	9	N
2	CONTR_ID	VARCHAR2	2	N
3	START_DT	DATE	7	Y
Table Name: DIAGNOSIS_CD				
1	DIAGNOSIS	VARCHAR2	6	N
2	EFFECTIVE_DT	DATE	7	N
3	OBSOLETE_DT	DATE	7	Y
4	CATEGORY	NUMBER	2,0	Y
5	DESCR	VARCHAR2	90	Y
6	ICD_9	VARCHAR2	6	Y
7	SEX	VARCHAR2	1	Y
8	MINAGE	NUMBER	2,0	Y
9	MAXAGE	NUMBER	2,0	Y
10	SMI_FLAG	VARCHAR2	1	Y
11	SED_FLAG	VARCHAR2	1	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
Table Name: EDS_FILE_LOG				
1	EDS_FILE_NAME	VARCHAR2	8	N
2	RECORD_COUNT	NUMBER	8,0	N
3	TRANSFER_DT	DATE	7	N
4	PROCESS_DT	DATE	7	Y
5	FLOOR_DT	DATE	7	Y
Table Name: EDS_INTAKE				
1	CONTR_ID	VARCHAR2	2	N
2	CLIENT_ID	VARCHAR2	10	N
3	INTAKE_DATE	DATE	7	N
4	AHCCCS_ID	VARCHAR2	9	Y
5	SSNO	VARCHAR2	10	Y
6	F_NM	VARCHAR2	10	Y
7	M_NM	VARCHAR2	1	Y
8	L_NM	VARCHAR2	15	Y
9	INTAKE_TYPE	VARCHAR2	1	Y
10	DOB	DATE	7	Y
11	SEX	VARCHAR2	1	Y
12	RACE	VARCHAR2	2	Y
13	HEALTH_PLAN	VARCHAR2	6	Y
14	ADDRESS_LINE_1	VARCHAR2	25	Y
15	ADDRESS_LINE_2	VARCHAR2	25	Y
16	CITY	VARCHAR2	20	Y
17	STATE	VARCHAR2	2	Y
18	ZIP_CODE	VARCHAR2	9	Y
19	VETERAN	VARCHAR2	1	Y
20	COUNTY_RESIDENCE	VARCHAR2	2	Y
21	CENSUS_TRACT	NUMBER	6,2	Y
22	CENSUS_PLACE	VARCHAR2	4	Y
23	MED_INSURANCE_1	VARCHAR2	2	Y
24	MED_INSURANCE_2	VARCHAR2	2	Y
25	MED_INSURANCE_3	VARCHAR2	2	Y
26	INC_SOURCE_1	VARCHAR2	2	Y
27	INC_SOURCE_2	VARCHAR2	2	Y
28	INC_SOURCE_3	VARCHAR2	2	Y
29	FAMILY_SIZE	VARCHAR2	2	Y
30	INCOME	VARCHAR2	2	Y
31	MARITAL_STAT	VARCHAR2	1	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
32	DAYS_WAITING_TREAT	VARCHAR2	3	Y
33	EDUC	VARCHAR2	2	Y
34	PAYMENT_SOURCE	VARCHAR2	2	Y
35	LEGAL_STAT	VARCHAR2	1	Y
36	OTHER_AGENCY_1	VARCHAR2	1	Y
37	OTHER_AGENCY_2	VARCHAR2	1	Y
38	OTHER_AGENCY_3	VARCHAR2	1	Y
39	SMI_FLAG	VARCHAR2	1	Y
40	SED_FLAG	VARCHAR2	1	Y
41	IV_DRUG_FLAG	VARCHAR2	1	Y
42	PREGNANT_FLAG	VARCHAR2	1	Y
43	WOMAN_DEP_FLAG	VARCHAR2	1	Y
44	DNHS_HANDICAP	VARCHAR2	2	Y
45	REFERRAL	VARCHAR2	2	Y
46	CASE_MGR_ID	VARCHAR2	5	Y
47	CLOSURE_DATE	DATE	7	Y
48	ASSESS_DT	DATE	7	Y
49	ASSESS_SMI_FLAG	VARCHAR2	1	Y
50	ASSESS_SED_FLAG	VARCHAR2	1	Y
51	ASSESS_IV_DRUG_FLAG	VARCHAR2	1	Y
52	ASSESS_PREGNANT_FLAG	VARCHAR2	1	Y
53	ASSESS_WOMAN_DEP_FLAG	VARCHAR2	1	Y
54	EDS_ADD_DT	DATE	7	Y
55	EDS_UPDATE_ID	VARCHAR2	8	Y
56	EDS_UPDATE_DT	DATE	7	Y
57	EDS_FILE_DT	DATE	7	Y
58	PROGRAM_IND	VARCHAR2	1	Y
59	INCARC_STATUS	VARCHAR2	1	Y
60	CIS_ADD_DATE	DATE	7	Y
61	CHANGE_CONTROL_DATE	DATE	7	Y
62	CHANGE_CONTROL_PGM	VARCHAR2	8	Y
63	CHANGE_CONTROL_USER_ID	VARCHAR2	8	Y
64	WITHDRAWAL_INDICATOR	VARCHAR2	1	Y
65	WITHDRAWAL_DATE	DATE	7	Y
66	RBHA_CLIENT_ID	VARCHAR2	10	Y
Table Name: EDS_INTAKE_DELETE				
1	CONTR_ID	VARCHAR2	2	N
2	CLIENT_ID	VARCHAR2	10	N

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Column_I	Column_Name	Data Type	Data Length	Null?
3	INTAKE_DATE	DATE	7	N
4	AHCCCS_ID	VARCHAR2	9	Y
5	SSNO	VARCHAR2	10	Y
6	F_NM	VARCHAR2	10	Y
7	M_NM	VARCHAR2	1	Y
8	L_NM	VARCHAR2	15	Y
9	INTAKE_TYPE	VARCHAR2	1	Y
10	DOB	DATE	7	Y
11	SEX	VARCHAR2	1	Y
12	RACE	VARCHAR2	2	Y
13	HEALTH_PLAN	VARCHAR2	6	Y
14	ADDRESS_LINE_1	VARCHAR2	25	Y
15	ADDRESS_LINE_2	VARCHAR2	25	Y
16	CITY	VARCHAR2	20	Y
17	STATE	VARCHAR2	2	Y
18	ZIP_CODE	VARCHAR2	9	Y
19	VETERAN	VARCHAR2	1	Y
20	COUNTY_RESIDENCE	VARCHAR2	2	Y
21	CENSUS_TRACT	NUMBER	6,2	Y
22	CENSUS_PLACE	VARCHAR2	4	Y
23	MED_INSURANCE_1	VARCHAR2	2	Y
24	MED_INSURANCE_2	VARCHAR2	2	Y
25	MED_INSURANCE_3	VARCHAR2	2	Y
26	INC_SOURCE_1	VARCHAR2	2	Y
27	INC_SOURCE_2	VARCHAR2	2	Y
28	INC_SOURCE_3	VARCHAR2	2	Y
29	FAMILY_SIZE	VARCHAR2	2	Y
30	INCOME	VARCHAR2	2	Y
31	MARITAL_STAT	VARCHAR2	1	Y
32	DAYS_WAITING_TREAT	VARCHAR2	3	Y
33	EDUC	VARCHAR2	2	Y
34	PAYMENT_SOURCE	VARCHAR2	2	Y
35	LEGAL_STAT	VARCHAR2	1	Y
36	OTHER_AGENCY_1	VARCHAR2	1	Y
37	OTHER_AGENCY_2	VARCHAR2	1	Y
38	OTHER_AGENCY_3	VARCHAR2	1	Y
39	SMI_FLAG	VARCHAR2	1	Y
40	SED_FLAG	VARCHAR2	1	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
41	IV_DRUG_FLAG	VARCHAR2	1	Y
42	PREGNANT_FLAG	VARCHAR2	1	Y
43	WOMAN_DEP_FLAG	VARCHAR2	1	Y
44	DNHS_HANDICAP	VARCHAR2	2	Y
45	REFERRAL	VARCHAR2	2	Y
46	CASE_MGR_ID	VARCHAR2	5	Y
47	CLOSURE_DATE	DATE	7	Y
48	ASSESS_DT	DATE	7	Y
49	ASSESS_SMI_FLAG	VARCHAR2	1	Y
50	ASSESS_SED_FLAG	VARCHAR2	1	Y
51	ASSESS_IV_DRUG_FLAG	VARCHAR2	1	Y
52	ASSESS_PREGNANT_FLAG	VARCHAR2	1	Y
53	ASSESS_WOMAN_DEP_FLAG	VARCHAR2	1	Y
54	EDS_ADD_DT	DATE	7	Y
55	EDS_UPDATE_ID	VARCHAR2	8	Y
56	EDS_UPDATE_DT	DATE	7	Y
57	EDS_FILE_DT	DATE	7	Y
58	PROGRAM_IND	VARCHAR2	1	Y
59	INCARC_STATUS	VARCHAR2	1	Y
60	CIS_ADD_DATE	DATE	7	Y
61	CHANGE_CONTROL_DATE	DATE	7	Y
62	CHANGE_CONTROL_PGM	VARCHAR2	8	Y
63	CHANGE_CONTROL_USER_ID	VARCHAR2	8	Y
64	WITHDRAWAL_INDICATOR	VARCHAR2	1	Y
65	WITHDRAWAL_DATE	DATE	7	Y
66	RBHA_CLIENT_ID	VARCHAR2	10	Y
Table Name: EDS_INTAKE_DT_CHG				
1	CONTR_ID	VARCHAR2	2	N
2	CLIENT_ID	VARCHAR2	10	N
3	INTAKE_DT	DATE	7	N
4	PRIOR_INTAKE_DATE	DATE	7	N
5	CHANGE_CONTROL_DATE	DATE	7	N
6	CHANGE_CONTROL_PGM	VARCHAR2	8	N
7	CHANGE_CONTROL_USER_ID	VARCHAR2	8	Y
Table Name: EDS_LEVEL_3_RATES				
1	PROCEDURE_CODE	VARCHAR2	5	N
2	EFFECTIVE_DATE	DATE	7	N
3	END_DATE	DATE	7	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
4	MAX_CAP_RATE	NUMBER	9,2	Y
5	RATE_SEQ	NUMBER	4,0	N
Table Name: ELIG_ENROLL_TRAN				
1	TRAN_TYPE	VARCHAR2	1	N
2	CLIENT_ID	VARCHAR2	10	N
3	CONTR_ID	VARCHAR2	2	N
4	INTAKE_DATE	DATE	7	N
5	START_DT	DATE	7	N
6	END_DT	DATE	7	Y
7	CIS_ADD_DATE	DATE	7	N
8	CHANGE_CONTROL_DATE	DATE	7	N
9	CHANGE_CONTROL_PGM	VARCHAR2	8	Y
10	CHANGE_CONTROL_USER_ID	VARCHAR2	8	Y
Table Name: ELIG_GAP				
1	CONTR_ID	VARCHAR2	2	Y
2	CLIENT_ID	VARCHAR2	10	Y
3	AHCCCS_ID	VARCHAR2	9	Y
4	GAP_BEGIN_DT	DATE	7	Y
5	GAP_END_DT	DATE	7	Y
Table Name: ENC_MULT_INTKE				
1	CONTR_ID	VARCHAR2	2	Y
2	CLIENT_ID	VARCHAR2	10	Y
3	PROCEDURE_CODE	VARCHAR2	5	Y
4	START_DT	DATE	7	Y
5	END_DT	DATE	7	Y
6	EDS_ADD_DT	DATE	7	Y
Table Name: ENCOUNTER				
1	ICN_NBR	VARCHAR2	11	N
2	LINE_NBR	NUMBER	2,0	N
3	CHANGE_SEQ_NBR	NUMBER	4,0	N
4	PRIOR_AUTH_NBR	VARCHAR2	6	Y
5	CLIENT_ID	VARCHAR2	10	Y
6	PROCEDURE_CODE	VARCHAR2	5	Y
7	CONTR_ID	VARCHAR2	2	Y
8	SUB_CONTR_ID	VARCHAR2	4	Y
9	FACILITY_ID	VARCHAR2	3	Y
10	START_DT	DATE	7	Y
11	END_DT	DATE	7	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
12	ADJUSTMENT_FLAG	VARCHAR2	1	Y
13	SVC_TYPE	VARCHAR2	1	Y
14	DIAGNOSIS_CODE	VARCHAR2	6	Y
15	UNIT_OF_SERVICE	NUMBER	7,1	Y
16	ALLOWABLE_CHARGE	NUMBER	7,2	Y
17	PATIENT_STATUS	VARCHAR2	2	Y
18	ATTENDING_PHYSICIAN	VARCHAR2	9	Y
19	ADMISSION_TYPE	VARCHAR2	1	Y
20	ADMISSION_DT	DATE	7	Y
21	BILL_TYPE	VARCHAR2	3	Y
22	NDC_CODE	VARCHAR2	11	Y
23	ENCOUNTER_PENDING	VARCHAR2	1	Y
24	CRN_NBR	NUMBER	14,0	Y
25	EDS_ADD_DT	DATE	7	Y
26	EDS_FILE_DT	DATE	7	Y
27	CHANGE_CONTROL_DATE	DATE	7	Y
28	AHCCCS_SEND_DT	DATE	7	Y
29	NET_PAID	NUMBER	7,2	Y
30	DISPENSE_QUANTITY	NUMBER	4,0	Y
31	AHCCCS_LINE_NBR	NUMBER	2,0	Y
32	ADJUSTMENT_ICN	VARCHAR2	11	Y
33	SPECIAL_NET_VALUE	NUMBER	7,2	Y
34	ENCOUNTER_FORM_TYPE	VARCHAR2	1	Y
35	EDS_UPDATE_DT	DATE	7	Y
36	CIS_ADD_DATE	DATE	7	N
37	CHANGE_CONTROL_PGM	VARCHAR2	8	Y
38	CHANGE_CONTROL_USER_ID	VARCHAR2	8	Y
39	ADMISSION_SOURCE	VARCHAR2	1	Y
40	OCCURRENCE_CODE	VARCHAR2	2	Y
41	OCCURRENCE_DATE	DATE	7	Y
42	OTHER_INS_COV_FLAG	VARCHAR2	1	Y
43	OTHER_INS_PAYMENT	NUMBER	8,2	Y
44	PRIN_PROC_CODE	VARCHAR2	5	Y
45	PRIN_PROC_DATE	DATE	7	Y
46	OTHER_PROC_CODE	VARCHAR2	5	Y
47	OTHER_PROC_DATE	DATE	7	Y
48	MED_PROC_CODE_MODIFIER	VARCHAR2	2	Y
49	ENCOUNTER_PROCESS_DT	DATE	7	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
50	DUP_OVERRIDE_IND	VARCHAR2	1	Y
51	ENCOUNTER_STATUS	VARCHAR2	2	Y
52	PLACE_OF_SVC	VARCHAR2	2	Y
53	ADMIT_HOUR	NUMBER	2,0	Y
54	DISCHARG_HOUR	NUMBER	2,0	Y
55	RX_ORDER_DT	DATE	7	Y
56	NBR_THIS_REFILL	NUMBER	2,0	Y
57	REFILLS_AUTH	NUMBER	2,0	Y
58	MEDICARE_ALLOW_AMT	NUMBER	8,2	Y
59	MEDICARE_DEDUCTIBLE	NUMBER	8,2	Y
60	MEDICARE_PAYMENT	NUMBER	8,2	Y
61	ICD9_PROC_CODE_1	VARCHAR2	4	Y
62	ICD9_PROC_DATE_1	VARCHAR2	4	Y
63	ICD9_PROC_CODE_2	VARCHAR2	4	Y
64	ICD9_PROC_DATE_2	VARCHAR2	4	Y
65	ICD9_PROC_CODE_3	VARCHAR2	4	Y
66	ICD9_PROC_DATE_3	VARCHAR2	4	Y
67	ICD9_PROC_CODE_4	VARCHAR2	4	Y
68	ICD9_PROC_DATE_4	VARCHAR2	4	Y
69	ICD9_PROC_CODE_5	VARCHAR2	4	Y
70	ICD9_PROC_DATE_5	VARCHAR2	4	Y
71	CO_INSURANCE	NUMBER	9,2	Y
72	DIAGNOSIS_CD_1	VARCHAR2	6	Y
73	DIAGNOSIS_CD_2	VARCHAR2	6	Y
74	DIAGNOSIS_CD_3	VARCHAR2	6	Y
75	DIAGNOSIS_CD_4	VARCHAR2	6	Y
76	DIAGNOSIS_CD_5	VARCHAR2	6	Y
77	DIAGNOSIS_CD_6	VARCHAR2	6	Y
78	DIAGNOSIS_CD_7	VARCHAR2	6	Y
79	DIAGNOSIS_CD_8	VARCHAR2	6	Y
80	ADMIT_DIAG_CD	VARCHAR2	6	Y
81	TRAUMA_DIAG_CD	VARCHAR2	6	Y
82	REVENUE_CD	VARCHAR2	4	Y
83	NON_COVERED_CHG	NUMBER	10,2	Y
84	ICD9_CODE_2	VARCHAR2	6	Y
85	ICD9_CODE_3	VARCHAR2	6	Y
86	ICD9_CODE_4	VARCHAR2	6	Y
87	PROVIDER_ID	VARCHAR2	6	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
88	PROV_LOCATOR_CD	VARCHAR2	2	Y
89	GROUP_BILLER_ID	VARCHAR2	6	Y
90	GROUP_LOCATOR_CD	VARCHAR2	2	Y
Table Name: ENCOUNTER_ARCH_TMP				
1	ICN_NBR	CHAR	11	N
2	LINE_NBR	CHAR	2	N
3	CHANGE_SEQ_NBR	CHAR	4	N
4	PRIOR_AUTH_NBR	CHAR	6	Y
5	CLIENT_ID	CHAR	10	Y
6	PROCEDURE_CODE	CHAR	5	Y
7	CONTR_ID	CHAR	2	Y
8	SUB_CONTR_ID	CHAR	4	Y
9	FACILITY_ID	CHAR	3	Y
10	START_DT	DATE	7	Y
11	END_DT	DATE	7	Y
12	ADJUSTMENT_FLAG	CHAR	1	Y
13	SVC_TYPE	CHAR	1	Y
14	DIAGNOSIS_CODE	CHAR	6	Y
15	UNIT_OF_SERVICE	CHAR	8	Y
16	ALLOWABLE_CHARGE	CHAR	8	Y
17	PATIENT_STATUS	CHAR	2	Y
18	ATTENDING_PHYSICIAN	CHAR	9	Y
19	ADMISSION_TYPE	CHAR	1	Y
20	ADMISSION_DT	CHAR	9	Y
21	BILL_TYPE	CHAR	3	Y
22	NDC_CODE	CHAR	11	Y
23	ENCOUNTER_PENDING	CHAR	1	Y
24	CRN_NBR	CHAR	14	Y
25	EDS_ADD_DT	CHAR	9	Y
26	EDS_FILE_DT	CHAR	9	Y
27	CHANGE_CONTROL_DATE	CHAR	9	Y
28	AHCCCS_SEND_DT	CHAR	9	Y
29	NET_PAID	CHAR	8	Y
30	DISPENSE_QUANTITY	CHAR	4	Y
31	AHCCCS_LINE_NBR	CHAR	2	Y
32	ADJUSTMENT_ICN	CHAR	11	Y
33	SPECIAL_NET_VALUE	CHAR	8	Y
34	ENCOUNTER_FORM_TYPE	CHAR	1	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
35	EDS_UPDATE_DT	CHAR	9	Y
36	CIS_ADD_DATE	CHAR	9	Y
37	CHANGE_CONTROL_PGM	CHAR	8	Y
38	CHANGE_CONTROL_USER_ID	CHAR	8	Y
39	ADMISSION_SOURCE	CHAR	1	Y
40	OCCURRENCE_CODE	CHAR	2	Y
41	OCCURRENCE_DATE	CHAR	9	Y
42	OTHER_INS_COV_FLAG	CHAR	1	Y
43	OTHER_INS_PAYMENT	CHAR	9	Y
44	PRIN_PROC_CODE	CHAR	5	Y
45	PRIN_PROC_DATE	CHAR	9	Y
46	OTHER_PROC_CODE	CHAR	5	Y
47	OTHER_PROC_DATE	CHAR	9	Y
48	MED_PROC_CODE_MODIFIER	CHAR	2	Y
49	ENCOUNTER_PROCESS_DT	CHAR	9	Y
50	DUP_OVERRIDE_IND	CHAR	1	Y
51	ENCOUNTER_STATUS	CHAR	2	Y
52	PLACE_OF_SVC	CHAR	2	Y
53	ADMIT_HOUR	CHAR	2	Y
54	DISCHARG_HOUR	CHAR	2	Y
55	RX_ORDER_DT	CHAR	9	Y
56	NBR_THIS_REFILL	CHAR	2	Y
57	REFILLS_AUTH	CHAR	2	Y
Table Name: ENCOUNTER_FY9394A				
1	ICN_NBR	CHAR	11	N
2	LINE_NBR	CHAR	2	N
3	CHANGE_SEQ_NBR	CHAR	4	N
4	PRIOR_AUTH_NBR	CHAR	6	Y
5	CLIENT_ID	CHAR	10	Y
6	PROCEDURE_CODE	CHAR	5	Y
7	CONTR_ID	CHAR	2	Y
8	SUB_CONTR_ID	CHAR	4	Y
9	FACILITY_ID	CHAR	3	Y
10	START_DT	DATE	7	Y
11	END_DT	DATE	7	Y
12	ADJUSTMENT_FLAG	CHAR	1	Y
13	SVC_TYPE	CHAR	1	Y
14	DIAGNOSIS_CODE	CHAR	6	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
15	UNIT_OF_SERVICE	CHAR	8	Y
16	ALLOWABLE_CHARGE	CHAR	8	Y
17	PATIENT_STATUS	CHAR	2	Y
18	ATTENDING_PHYSICIAN	CHAR	9	Y
19	ADMISSION_TYPE	CHAR	1	Y
20	ADMISSION_DT	CHAR	9	Y
21	BILL_TYPE	CHAR	3	Y
22	NDC_CODE	CHAR	11	Y
23	ENCOUNTER_PENDING	CHAR	1	Y
24	CRN_NBR	CHAR	14	Y
25	EDS_ADD_DT	CHAR	9	Y
26	EDS_FILE_DT	CHAR	9	Y
27	CHANGE_CONTROL_DATE	CHAR	9	Y
28	AHCCCS_SEND_DT	CHAR	9	Y
29	NET_PAID	CHAR	8	Y
30	DISPENSE_QUANTITY	CHAR	4	Y
31	AHCCCS_LINE_NBR	CHAR	2	Y
32	ADJUSTMENT_ICN	CHAR	11	Y
33	SPECIAL_NET_VALUE	CHAR	8	Y
34	ENCOUNTER_FORM_TYPE	CHAR	1	Y
35	EDS_UPDATE_DT	CHAR	9	Y
36	CIS_ADD_DATE	CHAR	9	Y
37	CHANGE_CONTROL_PGM	CHAR	8	Y
38	CHANGE_CONTROL_USER_ID	CHAR	8	Y
39	ADMISSION_SOURCE	CHAR	1	Y
40	OCCURRENCE_CODE	CHAR	2	Y
41	OCCURRENCE_DATE	CHAR	9	Y
42	OTHER_INS_COV_FLAG	CHAR	1	Y
43	OTHER_INS_PAYMENT	CHAR	9	Y
44	PRIN_PROC_CODE	CHAR	5	Y
45	PRIN_PROC_DATE	CHAR	9	Y
46	OTHER_PROC_CODE	CHAR	5	Y
47	OTHER_PROC_DATE	CHAR	9	Y
48	MED_PROC_CODE_MODIFIER	CHAR	2	Y
49	ENCOUNTER_PROCESS_DT	CHAR	9	Y
50	DUP_OVERRIDE_IND	CHAR	1	Y
51	ENCOUNTER_STATUS	CHAR	2	Y
52	PLACE_OF_SVC	CHAR	2	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
53	ADMIT_HOUR	CHAR	2	Y
54	DISCHARG_HOUR	CHAR	2	Y
55	RX_ORDER_DT	CHAR	9	Y
56	NBR_THIS_REFILL	CHAR	2	Y
57	REFILLS_AUTH	CHAR	2	Y
Table Name: ENCOUNTER_PEND				
1	CRN_DATE	DATE	7	N
2	CRN_BATCH	NUMBER	4,0	N
3	CRN_DOC	NUMBER	3,0	N
4	CRN_LINE_NBR	NUMBER	2,0	N
5	CLAIM_TYPE	VARCHAR2	1	Y
6	FORM_TYPE	VARCHAR2	1	Y
7	CREATE_DT	DATE	7	Y
8	HEALTH_PLAN	NUMBER	6,0	Y
9	AHCCCS_ID	VARCHAR2	9	Y
10	SVC_PROV_ID	VARCHAR2	6	Y
11	PATIENT_ACCT_NBR	VARCHAR2	17	Y
12	CHANGE_CONTROL_DT	DATE	7	Y
13	AHCCCS_CRN_DATE	DATE	7	N
Table Name: ENCOUNTER_PEND_DTL				
1	CRN_DATE	DATE	7	N
2	CRN_BATCH	NUMBER	4,0	N
3	CRN_DOC	NUMBER	3,0	N
4	CRN_LINE_NBR	NUMBER	2,0	N
5	INVOICE_NBR	NUMBER	6,0	N
6	REC_TYPE	VARCHAR2	2	N
7	INTERNAL_FLD_NBR	VARCHAR2	3	Y
8	OLD_VALUE	VARCHAR2	17	Y
9	NEW_VALUE	VARCHAR2	17	Y
10	ACTION_CD	VARCHAR2	1	Y
11	CCL_LOC	VARCHAR2	2	Y
12	FORM_FLD_NM	VARCHAR2	15	Y
13	AHCCCS_CRN_DATE	DATE	7	N
Table Name: ENCOUNTER_PEND_ERR				
1	CRN_DATE	DATE	7	N
2	CRN_BATCH	NUMBER	4,0	N
3	CRN_DOC	NUMBER	3,0	N
4	CRN_LINE_NBR	NUMBER	2,0	N

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Column_I	Column_Name	Data Type	Data Length	Null?
5	REC_TYPE	VARCHAR2	2	N
6	ERR_CD_01	VARCHAR2	4	Y
7	ERR_CD_02	VARCHAR2	4	Y
8	ERR_CD_03	VARCHAR2	4	Y
9	ERR_CD_04	VARCHAR2	4	Y
10	ERR_CD_05	VARCHAR2	4	Y
11	ERR_CD_06	VARCHAR2	4	Y
12	ERR_CD_07	VARCHAR2	4	Y
13	ERR_CD_08	VARCHAR2	4	Y
14	ERR_CD_09	VARCHAR2	4	Y
15	ERR_CD_10	VARCHAR2	4	Y
16	ERR_CD_11	VARCHAR2	4	Y
17	ERR_CD_12	VARCHAR2	4	Y
18	ERR_CD_13	VARCHAR2	4	Y
19	ERR_CD_14	VARCHAR2	4	Y
20	ERR_CD_15	VARCHAR2	4	Y
21	AHCCCS_CRN_DATE	DATE	7	N
Table Name: ENROLL_MODS				
1	CONTR_ID	VARCHAR2	2	N
2	CLIENT_ID	VARCHAR2	10	N
3	ASSESS_DT	DATE	7	Y
4	OLD_CLIENT_TYPE	VARCHAR2	1	Y
5	NEW_CLIENT_TYPE	VARCHAR2	1	Y
6	OLD_AHCCCS_ID	VARCHAR2	9	Y
7	NEW_AHCCCS_ID	VARCHAR2	9	Y
8	OLD_OTHER_AGENCY	VARCHAR2	3	Y
9	NEW_OTHER_AGENCY	VARCHAR2	3	Y
10	OLD_MHS_CAT	VARCHAR2	1	Y
11	NEW_MHS_CAT	VARCHAR2	1	Y
12	OLD_DES_DD_INDICATOR	VARCHAR2	1	Y
13	NEW_DES_DD_INDICATOR	VARCHAR2	1	Y
14	TRAN_TYPE	VARCHAR2	1	Y
15	START_DT	DATE	7	Y
16	END_DT	DATE	7	Y
17	CLOSURE_REASON	VARCHAR2	2	Y
18	INTAKE_DATE	DATE	7	Y
19	CHANGE_CONTROL_DATE	DATE	7	Y
20	CHANGE_CONTROL_PGM	VARCHAR2	8	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
21	CHANGE_CONTROL_USER_ID	VARCHAR2	8	Y
22	BYPASS_FLAG	VARCHAR2	1	Y
Table Name: ERROR_FIELD_XREF				
1	ERROR_NBR	NUMBER	4,0	N
2	FIELD_NBR	NUMBER	2,0	N
Table Name: ERROR_REPORT_PARAMETERS				
1	ERROR_CODE	VARCHAR2	2	N
2	CONTROL_PROGRAM	VARCHAR2	8	Y
3	NEW_STATUS	VARCHAR2	2	Y
4	HEADING	VARCHAR2	50	Y
5	COMMENT_TEXT	VARCHAR2	80	Y
Table Name: ERROR_STATS				
1	CONTR_ID	VARCHAR2	2	Y
2	SUB_CONTR_ID	VARCHAR2	4	Y
3	FACILITY_ID	VARCHAR2	3	Y
4	FORM_TYPE	VARCHAR2	4	Y
5	ERROR_NUMBER	NUMBER	4,0	Y
6	REPORT_RUN_DATE	DATE	7	Y
7	COUNT	NUMBER	5,0	Y
Table Name: ERROR_TEXT				
1	ERROR_NBR	NUMBER	4,0	N
2	ERROR_MESSAGE	VARCHAR2	79	N
Table Name: FORM_FIELDS				
1	FORM_NBR	NUMBER	2,0	N
2	FIELD_NBR	NUMBER	2,0	N
3	FIELD_DESC	VARCHAR2	15	Y
Table Name: GROUP_APPL_XREF				
1	GROUP_ID	VARCHAR2	30	N
2	APPLICATION_ID	VARCHAR2	7	N
Table Name: GROUP_PROVIDER_XREF				
1	GROUP_ID	VARCHAR2	30	N
2	CONTR_ID	VARCHAR2	2	N
3	SUB_CONTR_ID	VARCHAR2	4	N
4	FACILITY_ID	VARCHAR2	3	N
Table Name: H74_APPLICATION				
1	APPLICATION_ID	VARCHAR2	7	Y
2	APPLICATION_DESCRIPTION	VARCHAR2	65	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
Table Name: H74_CIS_VERSION				
1	SYSTEM	VARCHAR2	10	Y
2	VERSION_NBR	VARCHAR2	5	Y
3	VERSION_DATE	DATE	7	Y
4	IP_ADDRESS	VARCHAR2	16	Y
5	USERID	VARCHAR2	10	Y
6	PASSWORD	VARCHAR2	10	Y
7	SOURCEFILE	VARCHAR2	20	Y
8	TARGETFILE	VARCHAR2	20	Y
Table Name: H74_CLIENT_DUMMY_ID				
1	CONTR_ID	VARCHAR2	2	N
2	CLIENT_ID	VARCHAR2	10	N
3	START_DATE	DATE	7	N
4	END_DATE	DATE	7	Y
5	CHANGE_CONTROL_DATE	DATE	7	Y
6	CHANGE_CONTROL_USER_ID	VARCHAR2	10	Y
7	SYS_ADD_DATE	DATE	7	Y
Table Name: H74_CLIENT_YEARLY_TOTALS				
1	CLIENT_ID	VARCHAR2	10	N
2	TYPE	VARCHAR2	3	N
3	FIN_YEAR	VARCHAR2	4	N
4	VALUE	NUMBER	10,2	Y
5	AGE_21_FLAG	VARCHAR2	1	Y
6	DAYS_SENT_TO_AHCCCS	NUMBER	3,0	Y
Table Name: H74_DOC_CHAIN				
1	CHAIN_NAME	VARCHAR2	30	N
2	DESCRIPTION	VARCHAR2	30	Y
Table Name: H74_DOC_CHAINMODULE				
1	CHAIN_NAME	VARCHAR2	30	N
2	MODULE_ORDER	NUMBER	5,0	N
3	MODULE_NAME	VARCHAR2	30	Y
Table Name: H74_DOC_INDEX				
1	TABLE_NAME	VARCHAR2	30	N
2	INDEX_NAME	VARCHAR2	30	N
Table Name: H74_DOC_LASTUPDATE				
1	LAST_UPDATE	DATE	7	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
Table Name: H74_DOC_MODULE				
1	MODULE_NAME	VARCHAR2	30	N
2	TYPE	VARCHAR2	10	Y
3	DESCRIPTION	VARCHAR2	30	Y
Table Name: H74_DOC_MODULECHAIN				
1	MODULE_NAME	VARCHAR2	30	N
2	CHAIN_NAME	VARCHAR2	30	N
Table Name: H74_DOC_MODULEPROMPT				
1	MODULE_NAME	VARCHAR2	30	N
2	OBJECT_NAME	VARCHAR2	30	Y
3	PROMPT	NUMBER	12,0	N
4	DESCRIPTION	VARCHAR2	50	Y
5	DEFAULT_VALUE	VARCHAR2	512	Y
Table Name: H74_DOC_MODULESHELL				
1	MODULE_NAME	VARCHAR2	30	N
2	SHELL_NAME	VARCHAR2	30	N
Table Name: H74_DOC_MODULES SQL				
1	MODULE_NAME	VARCHAR2	30	N
2	SQL_NAME	VARCHAR2	30	N
Table Name: H74_DOC_PROGRAM				
1	PROGRAM_NAME	VARCHAR2	30	N
Table Name: H74_DOC_PROGRAMTABLE				
1	PROGRAM_NAME	VARCHAR2	30	N
2	TABLE_NAME	VARCHAR2	30	N
Table Name: H74_DOC_SHELL				
1	SHELL_NAME	VARCHAR2	30	N
Table Name: H74_DOC_SHELLPROGRAM				
1	SHELL_NAME	VARCHAR2	30	N
2	PROGRAM_NAME	VARCHAR2	30	Y
Table Name: H74_DOC_SHELLS SQL				
1	SHELL_NAME	VARCHAR2	30	N
2	SQL_NAME	VARCHAR2	30	N
Table Name: H74_DOC_SQL				
1	SQL_NAME	VARCHAR2	30	N

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Column_I	Column_Name	Data Type	Data Length	Null?
Table Name: H74_DOC_TABLE				
1	TABLE_NAME	VARCHAR2	30	N
2	OWNER	VARCHAR2	15	Y
Table Name: H74_DOC_TABLECOLUMN				
1	TABLE_NAME	VARCHAR2	30	N
2	COLUMN_NAME	VARCHAR2	30	N
Table Name: H74_DOC_VIEW				
1	VIEW_NAME	VARCHAR2	30	N
Table Name: H74_ESTR				
1	SERVICE_MONTH	DATE	7	N
2	ENCOUNTER_FORM_TYPE	VARCHAR2	1	N
3	ESTR_GROUP	VARCHAR2	3	N
4	AHCCCS_ELIG	VARCHAR2	4	N
5	ESTR_COUNT	NUMBER	8,0	Y
6	CHANGE_CONTROL_DATE	DATE	7	Y
Table Name: H74_ESTR_GROUP				
1	ESTR_GROUP	VARCHAR2	3	N
2	GROUP_ORDER	NUMBER	5,0	Y
3	DESCRIPTION	VARCHAR2	50	Y
Table Name: H74_GROUP_APPL_XREF				
1	GROUP_ID	VARCHAR2	30	N
2	APPLICATION_ID	VARCHAR2	7	N
3	GROUP_ACCESS	VARCHAR2	10	N
Table Name: H74_INVALID_PROCEDURE_CODES				
1	PROCEDURE_CODE	VARCHAR2	5	N
2	START_DATE	DATE	7	N
3	END_DATE	DATE	7	Y
4	INVALID_PROC_CODE	VARCHAR2	5	N
5	CHANGE_CONTROL_DATE	DATE	7	Y
6	CHANGE_CONTROL_USER_ID	VARCHAR2	10	Y
7	SYS_ADD_DATE	DATE	7	Y
Table Name: H74_INVALID_REV_PROC_CODES				
1	PROCEDURE_CODE	VARCHAR2	5	N
2	REVENUE_CODE	VARCHAR2	3	N
3	PROVIDER_TYPE	VARCHAR2	2	N
4	START_DATE	DATE	7	N
5	END_DATE	DATE	7	Y
6	CHANGE_CONTROL_DATE	DATE	7	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
7	CHANGE_CONTROL_USER_ID	VARCHAR2	10	Y
8	SYS_ADD_DATE	DATE	7	Y
9	BOTH_SVC_ALLOWED	VARCHAR2	1	Y
Table Name: H74_INVALID_REVENUE_CODES				
1	REVENUE_CODE	VARCHAR2	3	N
2	PROVIDER_TYPE	VARCHAR2	2	N
3	START_DATE	DATE	7	N
4	INVALID_REV_CODE	VARCHAR2	3	N
5	END_DATE	DATE	7	Y
6	CHANGE_CONTROL_DATE	DATE	7	Y
7	CHANGE_CONTROL_USER_ID	VARCHAR2	10	Y
8	SYS_ADD_DATE	DATE	7	Y
Table Name: H74_MAX_TYPE_LIMITS				
1	TYPE	VARCHAR2	3	N
2	START_DATE	DATE	7	N
3	END_DATE	DATE	7	Y
4	MAX_VALUE	NUMBER	10,2	Y
5	TYPE_DESCRIPTION	VARCHAR2	30	Y
Table Name: H74_PROCEDURE_COS				
1	PROCEDURE_CODE	VARCHAR2	5	N
2	CATEGORY_OF_SVC	VARCHAR2	2	N
3	START_DATE	DATE	7	N
4	END_DATE	DATE	7	Y
Table Name: H74_PROCEDURE_COVERAGE				
1	PROCEDURE_CODE	VARCHAR2	5	N
2	COVERAGE_CODE	VARCHAR2	2	N
3	START_DATE	DATE	7	N
4	REPLACEMENT_PROC_CODE	VARCHAR2	5	Y
5	END_DATE	DATE	7	Y
Table Name: H74_PROCEDURE_MAC				
1	PROCEDURE_CODE	VARCHAR2	5	N
2	COUNTY	VARCHAR2	2	N
3	START_DATE	DATE	7	N
4	END_DATE	DATE	7	Y
5	MAC	NUMBER	11,2	N
Table Name: H74_PROCEDURE_MODIFIER				
1	PROCEDURE_CODE	VARCHAR2	5	N
2	PROCEDURE_MODIFIER	VARCHAR2	2	N

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Column_I	Column_Name	Data Type	Data Length	Null?
3	START_DATE	DATE	7	N
4	END_DATE	DATE	7	Y
5	PAYMENT_TYPE	VARCHAR2	1	Y
6	AMOUNT	NUMBER	11,4	Y
7	CLAIM_RECEIPT	VARCHAR2	8	Y
Table Name: H74_PROCEDURE_POS				
1	PROCEDURE_CODE	VARCHAR2	5	N
2	PLACE_OF_SERVICE	VARCHAR2	2	N
3	START_DATE	DATE	7	N
4	END_DATE	DATE	7	Y
5	CHANGE_CONTROL_DATE	DATE	7	Y
6	CHANGE_CONTROL_USER_ID	VARCHAR2	10	Y
7	SYS_ADD_DATE	DATE	7	Y
Table Name: H74_REFERENCE_H1				
1	PROCEDURE_CODE	VARCHAR2	5	N
2	DESCRIPTION	VARCHAR2	65	Y
3	MIN_AGE	NUMBER	3,0	Y
4	MIN_AGE_TYPE	VARCHAR2	1	Y
5	MAX_AGE	NUMBER	3,0	Y
6	MAX_AGE_TYPE	VARCHAR2	1	Y
7	RECORD_TYPE	VARCHAR2	2	Y
8	CHANGE_CONTROL_DATE	DATE	7	Y
Table Name: H74_REFERENCE_H2				
1	PROCEDURE_CODE	VARCHAR2	5	N
2	COUNTY	VARCHAR2	2	Y
3	BEGIN_DATE	DATE	7	Y
4	END_DATE	DATE	7	Y
5	MAC	NUMBER	11,2	Y
6	CRN_DATE	DATE	7	Y
7	RECORD_TYPE	VARCHAR2	2	Y
Table Name: H74_REFERENCE_H3				
1	PROCEDURE_CODE	VARCHAR2	5	N
2	COVERAGE_CODE	VARCHAR2	2	Y
3	REPLACEMENT_PROC_CODE	VARCHAR2	5	Y
4	BEGIN_DATE	DATE	7	Y
5	END_DATE	DATE	7	Y
6	RECORD_TYPE	VARCHAR2	2	Y
7	CHANGE_CONTROL_DATE	DATE	7	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
Table Name: H74_REVENUE_COS				
1	REVENUE_CODE	VARCHAR2	5	N
2	CATEGORY_OF_SVC	VARCHAR2	2	N
3	START_DATE	DATE	7	N
4	END_DATE	DATE	7	Y
Table Name: H74_REVENUE_PROCEDURE				
1	PROCEDURE_CODE	VARCHAR2	5	N
2	REVENUE_CODE	VARCHAR2	3	N
3	PROVIDER_TYPE	VARCHAR2	2	Y
4	START_DATE	DATE	7	Y
5	END_DATE	DATE	7	Y
Table Name: H74_SENT				
1	SENT_USERID	VARCHAR2	2048	N
2	SENT_PARAMETER	VARCHAR2	2048	N
3	SENT_ADD_DATE	DATE	7	N
4	SENT_MOD_DATE	DATE	7	N
5	SENT_MOD_USER	VARCHAR2	10	N
Table Name: H74_TRANS_CODES				
1	PROCEDURE_CODE	VARCHAR2	5	N
2	START_DATE	DATE	7	Y
3	END_DATE	DATE	7	Y
4	PROCEDURE_NAME	VARCHAR2	65	N
Table Name: H74_UNAPPROVED_RBHAS				
1	RBHA_ID	VARCHAR2	2	Y
2	FORM_TYPE	VARCHAR2	1	Y
Table Name: H74_USER_ENV				
1	USER_ID	VARCHAR2	30	N
2	VERSION_NBR	VARCHAR2	10	Y
3	UPGRADE_DATE	DATE	7	Y
4	OS_VERSION	VARCHAR2	30	Y
Table Name: H74_USER_SETUP				
1	USER_ID	VARCHAR2	30	Y
2	L_NM	VARCHAR2	15	Y
3	F_NM	VARCHAR2	10	Y
4	PASSWORD	VARCHAR2	10	Y
5	PASSWORD_DATE	DATE	7	Y
6	GROUP_ID	VARCHAR2	30	Y
7	LOCK_COUNT	NUMBER	2,0	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
8	RBHA_ID	VARCHAR2	10	Y
9	CHG_CTRL_DT	DATE	7	Y
10	CHG_CTRL_USER	VARCHAR2	30	Y
Table Name: H74130_CONTROL				
1	SARA_RUN_DATE_MM	VARCHAR2	2	Y
2	SARA_RUN_DATE_DD	VARCHAR2	2	Y
3	SARA_RUN_DATE_YY	VARCHAR2	2	Y
4	SARA_NUMBER_OF_DAYS	VARCHAR2	3	Y
5	SARA_CONTR_ID	VARCHAR2	2	Y
6	SARA_CONTR_NAME	VARCHAR2	10	Y
7	SARA_T19_CHILDREN	VARCHAR2	6	Y
8	SARA_NON_T19_CHILDREN	VARCHAR2	6	Y
9	SARA_SUB_TOTAL_CHILDREN	VARCHAR2	6	Y
10	SARA_T19_SMI	VARCHAR2	6	Y
11	SARA_NON_T19_SMI	VARCHAR2	6	Y
12	SARA_SUB_TOTAL_SMI	VARCHAR2	6	Y
13	SARA_T19_GMH	VARCHAR2	6	Y
14	SARA_GENERAL_MENTAL_HEALTH	VARCHAR2	6	Y
15	SARA_T19_ALC	VARCHAR2	6	Y
16	SARA_ALCOHOL_ABUSE	VARCHAR2	6	Y
17	SARA_T19_DRG	VARCHAR2	6	Y
18	SARA_DRUG_ABUSE	VARCHAR2	6	Y
19	SARA_OTHER_PROGRAMS	VARCHAR2	6	Y
20	SARA_SUB_TOTAL_NON_SMI	VARCHAR2	6	Y
21	SARA_GRAND_TOTALS	VARCHAR2	6	Y
Table Name: H74130_CONTROL2				
1	SARA_RUN_DATE_MM	VARCHAR2	2	Y
2	SARA_RUN_DATE_DD	VARCHAR2	2	Y
3	SARA_RUN_DATE_YY	VARCHAR2	2	Y
4	SARA_NUMBER_OF_DAYS	VARCHAR2	3	Y
5	SARA_CONTR_ID	VARCHAR2	2	Y
6	SARA_CONTR_NAME	VARCHAR2	10	Y
7	SARA_T19_CHILDREN	VARCHAR2	6	Y
8	SARA_NON_T19_CHILDREN	VARCHAR2	6	Y
9	SARA_SUB_TOTAL_CHILDREN	VARCHAR2	6	Y
10	SARA_T19_SMI	VARCHAR2	6	Y
11	SARA_NON_T19_SMI	VARCHAR2	6	Y
12	SARA_SUB_TOTAL_SMI	VARCHAR2	6	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
13	SARA_T19_GMH	VARCHAR2	6	Y
14	SARA_GENERAL_MENTAL_HEALTH	VARCHAR2	6	Y
15	SARA_T19_ALC	VARCHAR2	6	Y
16	SARA_ALCOHOL_ABUSE	VARCHAR2	6	Y
17	SARA_T19_DRG	VARCHAR2	6	Y
18	SARA_DRUG_ABUSE	VARCHAR2	6	Y
19	SARA_OTHER_PROGRAMS	VARCHAR2	6	Y
20	SARA_SUB_TOTAL_NON_SMI	VARCHAR2	6	Y
21	SARA_GRAND_TOTALS	VARCHAR2	6	Y
Table Name: H74130T_CONTROL				
1	SARA_RUN_DATE_MM	VARCHAR2	2	Y
2	SARA_RUN_DATE_DD	VARCHAR2	2	Y
3	SARA_RUN_DATE_YY	VARCHAR2	2	Y
4	SARA_NUMBER_OF_DAYS	VARCHAR2	3	Y
5	SARA_CONTR_ID	VARCHAR2	2	Y
6	SARA_CONTR_NAME	VARCHAR2	10	Y
7	SARA_T19_CHILDREN	VARCHAR2	6	Y
8	SARA_NON_T19_CHILDREN	VARCHAR2	6	Y
9	SARA_SUB_TOTAL_CHILDREN	VARCHAR2	6	Y
10	SARA_T19_SMI	VARCHAR2	6	Y
11	SARA_NON_T19_SMI	VARCHAR2	6	Y
12	SARA_SUB_TOTAL_SMI	VARCHAR2	6	Y
13	SARA_T19_GMH	VARCHAR2	6	Y
14	SARA_GENERAL_MENTAL_HEALT	VARCHAR2	6	Y
15	SARA_T19_ALC	VARCHAR2	6	Y
16	SARA_ALCOHOL_ABUSE	VARCHAR2	6	Y
17	SARA_T19_DRG	VARCHAR2	6	Y
18	SARA_DRUG_ABUSE	VARCHAR2	6	Y
19	SARA_OTHER_PROGRAMS	VARCHAR2	6	Y
20	SARA_SUB_TOTAL_NON_SMI	VARCHAR2	6	Y
21	SARA_GRAND_TOTALS	VARCHAR2	6	Y
Table Name: H74130T_CONTROL2				
1	SARA_RUN_DATE_MM	VARCHAR2	2	Y
2	SARA_RUN_DATE_DD	VARCHAR2	2	Y
3	SARA_RUN_DATE_YY	VARCHAR2	2	Y
4	SARA_NUMBER_OF_DAYS	VARCHAR2	3	Y
5	SARA_CONTR_ID	VARCHAR2	2	Y
6	SARA_CONTR_NAME	VARCHAR2	10	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
7	SARA_T19_CHILDREN	VARCHAR2	6	Y
8	SARA_NON_T19_CHILDREN	VARCHAR2	6	Y
9	SARA_SUB_TOTAL_CHILDREN	VARCHAR2	6	Y
10	SARA_T19_SMI	VARCHAR2	6	Y
11	SARA_NON_T19_SMI	VARCHAR2	6	Y
12	SARA_SUB_TOTAL_SMI	VARCHAR2	6	Y
13	SARA_T19_GMH	VARCHAR2	6	Y
14	SARA_GENERAL_MENTAL_HEALT	VARCHAR2	6	Y
15	SARA_T19_ALC	VARCHAR2	6	Y
16	SARA_ALCOHOL_ABUSE	VARCHAR2	6	Y
17	SARA_T19_DRG	VARCHAR2	6	Y
18	SARA_DRUG_ABUSE	VARCHAR2	6	Y
19	SARA_OTHER_PROGRAMS	VARCHAR2	6	Y
20	SARA_SUB_TOTAL_NON_SMI	VARCHAR2	6	Y
21	SARA_GRAND_TOTALS	VARCHAR2	6	Y

Table Name: H74156_CONTROL

1	WS_PX_CONTR_ID	VARCHAR2	2	Y
2	WS_PX_NBR_CHILD_T19	VARCHAR2	7	Y
3	WS_PX_NBR_CHILD_NON_T19	VARCHAR2	7	Y
4	WS_PX_NBR_CHILD_SUBTOTAL	VARCHAR2	7	Y
5	WS_PX_NBR_UNDUP_CHILD	VARCHAR2	7	Y
6	WS_PX_NBR_SMI_T19	VARCHAR2	7	Y
7	WS_PX_NBR_SMI_NON_T19	VARCHAR2	7	Y
8	WS_PX_NBR_SMI_SUBTOTAL	VARCHAR2	7	Y
9	WS_PX_NBR_UNDUP_SMI	VARCHAR2	7	Y
10	WS_PX_NBR_GMH	VARCHAR2	7	Y
11	WS_PX_NBR_GMH_NON_T19	VARCHAR2	7	Y
12	WS_PX_NBR_DRUG	VARCHAR2	7	Y
13	WS_PX_NBR_DRUG_NON_T19	VARCHAR2	7	Y
14	WS_PX_NBR_ALCOHOL	VARCHAR2	7	Y
15	WS_PX_NBR_ALCOHOL_NON_T19	VARCHAR2	7	Y
16	WS_PX_NBR_OTHER_PROGRAMS	VARCHAR2	7	Y
17	WS_PX_NBR_NONSMI_SUBTOTAL	VARCHAR2	7	Y
18	WS_PX_NBR_UNDUP_NON_SMI	VARCHAR2	7	Y
19	WS_PX_NBR_UNDUP_TOTAL_COUNT	VARCHAR2	7	Y

Table Name: H74156T_CONTROL

1	WS_PX_CONTR_ID	VARCHAR2	2	Y
2	WS_PX_NBR_CHILD_T19	VARCHAR2	7	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
3	WS_PX_NBR_CHILD_NON_T19	VARCHAR2	7	Y
4	WS_PX_NBR_CHILD_SUBTOTAL	VARCHAR2	7	Y
5	WS_PX_NBR_UNDUP_CHILD	VARCHAR2	7	Y
6	WS_PX_NBR_SMI_T19	VARCHAR2	7	Y
7	WS_PX_NBR_SMI_NON_T19	VARCHAR2	7	Y
8	WS_PX_NBR_SMI_SUBTOTAL	VARCHAR2	7	Y
9	WS_PX_NBR_UNDUP_SMI	VARCHAR2	7	Y
10	WS_PX_NBR_GMH	VARCHAR2	7	Y
11	WS_PX_NBR_GMH_NON_T19	VARCHAR2	7	Y
12	WS_PX_NBR_DRUG	VARCHAR2	7	Y
13	WS_PX_NBR_DRUG_NON_T19	VARCHAR2	7	Y
14	WS_PX_NBR_ALCOHOL	VARCHAR2	7	Y
15	WS_PX_NBR_ALCOHOL_NON_T19	VARCHAR2	7	Y
16	WS_PX_NBR_OTHER_PROGRAMS	VARCHAR2	7	Y
17	WS_PX_NBR_NONSMI_SUBTOTAL	VARCHAR2	7	Y
18	WS_PX_NBR_UNDUP_NON_SMI	VARCHAR2	7	Y
19	WS_PX_NBR_UNDUP_TOTAL_COUNT	VARCHAR2	7	Y
Table Name: H74200_PROGRAM_CONTROL				
1	PGM_ID	VARCHAR2	8	N
2	PGM_COUNT	NUMBER	10,0	Y
3	CIS_ADD_DATE	DATE	7	N
4	CHANGE_CONTROL_USER_ID	VARCHAR2	8	Y
5	CHANGE_CONTROL_DATE	DATE	7	N
6	CONTR_ID	VARCHAR2	2	Y
7	CHANGE_CONTROL_PGM	VARCHAR2	8	Y
Table Name: H74255_CAPITATION				
1	TRANSACTION_NBR	NUMBER	9,0	N
Table Name: H74PROV_ADDRESSES1				
1	DE_PROVIDER_ID	VARCHAR2	6	Y
2	ADDRESS_TYPE	VARCHAR2	1	Y
3	LOCATOR_CODE	VARCHAR2	2	Y
4	STR_1	VARCHAR2	25	Y
5	STR_2	VARCHAR2	25	Y
6	BEGIN_DATE	DATE	7	Y
7	END_DATE	DATE	7	Y
Table Name: H74PROV_ADDRESSES2				
1	DE_PROVIDER_ID	VARCHAR2	6	Y
2	ADDRESS_TYPE	VARCHAR2	1	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
3	LOCATOR_CODE	VARCHAR2	2	Y
4	PAY_LOCATOR_CODE	VARCHAR2	2	Y
5	CITY	VARCHAR2	25	Y
6	COUNTY	VARCHAR2	2	Y
7	STATE	VARCHAR2	2	Y
8	ZIP	VARCHAR2	9	Y
9	COUNTRY	VARCHAR2	2	Y
10	BUSINESS_PHONE	VARCHAR2	10	Y
11	EMERGENCY_PHONE	VARCHAR2	10	Y
Table Name: H74PROV_CATEGORIES				
1	DE_PROVIDER_ID	VARCHAR2	6	Y
2	CATEGORY	VARCHAR2	2	Y
3	BEGIN_DATE	DATE	7	Y
4	END_DATE	DATE	7	Y
Table Name: H74PROV_DEMOGRAPHICS				
1	PROVIDER_ID	VARCHAR2	6	N
2	PROVIDER_NAME	VARCHAR2	25	Y
3	PROVIDER_TYPE	VARCHAR2	2	Y
4	IHS_INDICATOR	VARCHAR2	1	Y
Table Name: H74PROV_ENROLLMENTS				
1	DE_PROVIDER_ID	VARCHAR2	6	N
2	STATUS_TYPE	VARCHAR2	1	Y
3	STATUS	VARCHAR2	2	Y
4	BEGIN_DATE	DATE	7	Y
5	END_DATE	DATE	7	Y
6	REPLACEMENT_ID	VARCHAR2	6	Y
Table Name: H74PROV_PROFILES				
1	PROVIDER_TYPE	VARCHAR2	2	Y
2	CATEGORY	VARCHAR2	2	Y
3	MAND_OPT	VARCHAR2	1	Y
4	SERVICE_FROM	VARCHAR2	11	Y
5	SERVICE_TO	VARCHAR2	11	Y
6	SERVICE_TYPE	VARCHAR2	1	Y
7	EFFECTIVE_BEGIN_DATE	DATE	7	Y
8	EFFECTIVE_END_DATE	DATE	7	Y
Table Name: INTKE_ERR2				
1	CLIENT_ID	VARCHAR2	10	N
2	SSNO	VARCHAR2	10	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
3	INTAKE_DATE	DATE	7	Y
4	CONTR_ID	VARCHAR2	2	N
5	CHANGE_CONTROL_DATE	DATE	7	Y
Table Name: INTKE_ERR3				
1	CLIENT_ID	VARCHAR2	10	N
2	SSNO	VARCHAR2	10	Y
3	INTAKE_DATE	DATE	7	Y
4	CONTR_ID	VARCHAR2	2	N
5	CHANGE_CONTROL_DATE	DATE	7	Y
Table Name: INTKE_ERROR				
1	CLIENT_ID	VARCHAR2	10	Y
2	INTAKE_DATE	DATE	7	Y
3	AHCCCS_ID	VARCHAR2	9	Y
4	SSNO	VARCHAR2	10	Y
5	F_NM	VARCHAR2	10	Y
6	M_NM	VARCHAR2	1	Y
7	L_NM	VARCHAR2	15	Y
8	DOB	DATE	7	Y
9	SEX	VARCHAR2	1	Y
10	RBHA_ID	VARCHAR2	10	Y
Table Name: INTKE_NOMATCH				
1	CLIENT_ID	VARCHAR2	10	Y
2	SSNO	VARCHAR2	10	Y
3	CONTR_ID	VARCHAR2	2	Y
4	INTAKE_DATE	DATE	7	Y
Table Name: INTKEMATCH				
1	CLIENT_ID	VARCHAR2	10	Y
2	SSNO	VARCHAR2	10	Y
3	CONTR_ID	VARCHAR2	2	Y
4	INTAKE_DATE	DATE	7	Y
Table Name: LEVEL3_PROV_TYPE				
1	PROCEDURE_CODE	VARCHAR2	5	N
2	PROVIDER_TYPE	VARCHAR2	2	N
3	EFFECTIVE_DATE	DATE	7	Y
4	END_DATE	DATE	7	Y
Table Name: MENU_APPL_XREF				
1	MENU_ID	VARCHAR2	7	N
2	MENU_ORDER	NUMBER	3,0	N

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Column_I	Column_Name	Data Type	Data Length	Null?
3	APPLICATION_ID	VARCHAR2	7	Y
4	APPLICATION_TYPE	VARCHAR2	1	N
Table Name: MONTHLY_AHCCCS				
1	AHCCCS_ID	VARCHAR2	9	N
2	PROC_DT	VARCHAR2	6	Y
3	CONTRACT_TYPE	VARCHAR2	1	Y
4	MHS_CAT	VARCHAR2	1	Y
5	CAPITATION_CODE	VARCHAR2	4	Y
6	CAPITATION_AMOUNT	NUMBER	7,2	Y
7	NUMBER_DAYS_COVERED	NUMBER	3,0	Y
8	PAYT_TO_DT	DATE	7	Y
9	PAYT_FROM_DT	DATE	7	Y
10	VOUCHER_NUMBER	VARCHAR2	9	Y
11	CLIENT_NAME	VARCHAR2	34	Y
12	CONTR_ID	VARCHAR2	2	Y
13	CLIENT_ID	VARCHAR2	10	Y
Table Name: MULT_INTKE_NOMATCH				
1	CONTR_ID	VARCHAR2	2	N
2	CLIENT_ID	VARCHAR2	10	N
3	IN1	DATE	7	N
4	ADD1	DATE	7	Y
5	CI2	DATE	7	N
6	ADD2	DATE	7	Y
7	SSNO	VARCHAR2	10	Y
Table Name: MULT_SEG				
1	CONTR_ID	VARCHAR2	2	Y
2	CLIENT_ID	VARCHAR2	10	Y
3	INTAKE_DATE	DATE	7	Y
4	SMI_FLAG	VARCHAR2	1	Y
5	SED_FLAG	VARCHAR2	1	Y
6	START_DT	DATE	7	Y
7	END_DT	DATE	7	Y
8	MHS_CAT	VARCHAR2	1	Y
Table Name: NABP_PROV_XREF				
1	NABP_ID	VARCHAR2	7	N
2	CONTR_ID	VARCHAR2	2	N
3	SUB_CONTR_ID	VARCHAR2	4	N
4	FACILITY_ID	VARCHAR2	3	N

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Column_I	Column_Name	Data Type	Data Length	Null?
Table Name: NIDA_SERVICES				
1	PROCEDURE_CODE	VARCHAR2	5	N
2	PROVIDER_TYPE	VARCHAR2	2	N
3	CDS_SERVICE_CODE	VARCHAR2	2	N
Table Name: OUT_STATE_PROVIDER				
1	DHS_NUMBER	VARCHAR2	9	Y
2	PROVIDER_NAME	VARCHAR2	31	Y
3	DHS_TYPE	VARCHAR2	2	Y
4	AHCCCS_NUMBER	VARCHAR2	9	Y
5	AHCCCS_TYPE	VARCHAR2	2	Y
6	START_DT	DATE	7	Y
7	END_DT	DATE	7	Y
8	CONTRACT_RBHA_CNTY_CD	VARCHAR2	2	Y
Table Name: PEND_ERROR_CODES				
1	PEND_ERROR_CODE	VARCHAR2	4	Y
Table Name: PGM_MSGS_REF				
1	PGM_ID	VARCHAR2	8	N
2	MSG_ID	VARCHAR2	4	N
3	MSG_TEXT	VARCHAR2	80	Y
Table Name: PROC_REPORT_CATEGORY				
1	PROC_REPORT_CATEGORY	VARCHAR2	2	N
2	PROC_REPORT_DESCR	VARCHAR2	40	N
3	PROC_REPORT_SORT_ORDER	VARCHAR2	2	N
4	PROC_REPORT_OCCURRENCE	VARCHAR2	15	N
Table Name: PROCEDURE_CODE				
1	PROCEDURE_CODE	VARCHAR2	5	N
2	START_DATE	DATE	7	Y
3	END_DATE	DATE	7	Y
4	PROCEDURE_NAME	VARCHAR2	65	N
5	CDS_SERVICE_CODE	VARCHAR2	1	Y
6	SUBVENTION_ONLY_FLAG	VARCHAR2	1	Y
7	REPORT_CATEGORY	VARCHAR2	2	Y
8	UNIT_MULTIPLIER	NUMBER	5,2	Y
9	SEX	VARCHAR2	1	Y
10	XXI_FLAG	VARCHAR2	1	Y
11	MIN_AGE	NUMBER	3,0	Y
12	MIN_AGE_TYPE	VARCHAR2	1	Y
13	MAX_AGE	NUMBER	3,0	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
14	MAX_AGE_TYPE	VARCHAR2	1	Y
15	MAX_DAILY_UNIT	NUMBER	3,0	Y
16	FREQUENCY_VALUE	VARCHAR2	3	Y
17	FREQUENCY_CODE	VARCHAR2	1	Y
18	ANESTHESIA_MAX	VARCHAR2	4	Y
19	ANESTHESIA_VALUE	NUMBER	4,1	Y
20	FOLLOW_UP	VARCHAR2	3	Y
21	MIN_AGE_QUALIFIER	VARCHAR2	1	Y
22	MAX_AGE_QUALIFIER	VARCHAR2	1	Y
23	MEDICARE_INDICATOR	VARCHAR2	1	Y
24	CHANGE_CONTROL_DATE	DATE	7	Y
25	CHANGE_CONTROL_USER_ID	VARCHAR2	10	Y
26	SYS_ADD_DATE	DATE	7	Y
27	DUMMY_ID_ONLY	VARCHAR2	2	Y
28	DUMMY_ID_ALLOWED	VARCHAR2	2	Y
29	ANOTHER_PROV_BILL	VARCHAR2	1	Y
Table Name: PROCEDURE_UNIT				
1	PROCEDURE_CODE	VARCHAR2	5	N
2	RATE_SEQ	NUMBER	4,0	N
3	TIMESTAMP	DATE	7	N
4	MAX_UNITS	NUMBER	3,0	Y
5	UNIT_EFFECTIVE_DATE	DATE	7	Y
6	UNIT_END_DATE	DATE	7	Y
7	PRIOR_AUTH_IND	VARCHAR2	1	Y
8	AUTH_EFFECTIVE_DATE	DATE	7	Y
9	AUTH_END_DATE	DATE	7	Y
Table Name: PROD_COS				
1	AHCCCS_ID	VARCHAR2	9	N
2	PROVIDER_ID	VARCHAR2	9	N
3	PROVIDER_COS	VARCHAR2	2	N
4	START_DT	DATE	7	N
5	END_DT	DATE	7	Y
6	CHANGE_CONTROL_DATE	DATE	7	Y
7	CHANGE_CONTROL_USER_ID	VARCHAR2	30	Y
8	AHCCCS_MATCH_FLAG	VARCHAR2	1	N
Table Name: PROD_ENROLL				
1	AHCCCS_ID	VARCHAR2	9	N
2	PROVIDER_ID	VARCHAR2	9	N

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Column_I	Column_Name	Data Type	Data Length	Null?
3	START_DT	DATE	7	N
4	END_DT	DATE	7	Y
5	AHCCCS_PROV_TYPE	VARCHAR2	2	Y
6	CHANGE_CONTROL_DATE	DATE	7	Y
7	CHANGE_CONTROL_USER_ID	VARCHAR2	30	Y
8	AHCCCS_MATCH_FLAG	VARCHAR2	1	N
9	AHCCCS_ENROLL_STAT	VARCHAR2	1	N
Table Name: PROD_PROVIDER				
1	CONTR_ID	VARCHAR2	2	Y
2	SUB_CONTR_ID	VARCHAR2	4	Y
3	FACILITY_ID	VARCHAR2	3	Y
4	START_DT	DATE	7	Y
5	END_DT	DATE	7	Y
6	PROVIDER_NM_FIRST	VARCHAR2	25	Y
7	PROVIDER_NM_LAST	VARCHAR2	25	Y
8	PROVIDER_PAYEE_NAME	VARCHAR2	31	Y
9	ADDRESS_1	VARCHAR2	25	Y
10	ADDRESS_2	VARCHAR2	25	Y
11	CITY	VARCHAR2	15	Y
12	STATE	VARCHAR2	2	Y
13	ZIP_5	NUMBER	5,0	Y
14	ZIP_4	NUMBER	4,0	Y
15	COUNTY	NUMBER	2,0	Y
16	PHONE_NBR	NUMBER	10,0	Y
17	GROUP_ID	VARCHAR2	9	Y
18	SOC_SEC_NO	NUMBER	9,0	Y
19	TAX_ID	VARCHAR2	12	Y
20	FISCAL_YEAR_MONTH_END	NUMBER	2,0	Y
21	FISCAL_YEAR_DAY_END	NUMBER	2,0	Y
22	PROVIDER_TYPE	VARCHAR2	2	Y
23	GROUP_CODE	NUMBER	2,0	Y
24	LICENSE	VARCHAR2	10	Y
25	EPSDT	VARCHAR2	1	Y
26	NUMBER_OF_BEDS	NUMBER	5,0	Y
27	PROVIDER_SHORT_NM	VARCHAR2	10	Y
28	CENSUS_PLACE	NUMBER	4,0	Y
29	CENSUS_TRACT	NUMBER	6,2	Y
30	DNHS_CODE	NUMBER	8,0	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
31	CDS_ID	VARCHAR2	15	Y
32	NDATUS_ID	VARCHAR2	15	Y
33	NDATUS_START_DATE	DATE	7	Y
34	NDATUS_OBSOLETE_DATE	DATE	7	Y
35	AHCCCS_ID	VARCHAR2	9	Y
36	AHCCCS_TYPE	VARCHAR2	2	Y
37	EDS_UPDATE_ID	VARCHAR2	8	Y
38	EDS_UPDATE_DT	DATE	7	Y
39	EDS_FILE_DT	DATE	7	Y
40	CHANGE_CONTROL_DATE	DATE	7	Y
41	CHANGE_CONTROL_USER_ID	VARCHAR2	30	Y
42	CDS_START_DATE	DATE	7	Y
43	CDS_OBSOLETE_DATE	DATE	7	Y
44	EDS_ADD_DT	DATE	7	Y
45	CIS_ADD_DATE	DATE	7	Y
46	CHANGE_CONTROL_PGM	VARCHAR2	8	Y
47	FAX_NBR	NUMBER	10,0	Y
Table Name: PROGRAM				
1	PROGRAM_CODE	VARCHAR2	1	N
2	START_DT	DATE	7	N
3	END_DT	DATE	7	N
4	PROGRAM_TYPE	VARCHAR2	1	Y
5	PROGRAM_DESCR	VARCHAR2	50	Y
6	CAPITATED_IND	VARCHAR2	1	Y
7	COST_CENTER	NUMBER	6,0	Y
8	TOTAL_BUDGETED_AMOUNT	NUMBER	9,0	Y
9	ALLOCATED_AMOUNT	NUMBER	9,2	Y
10	RESERVED_AMOUNT	NUMBER	9,2	Y
11	DISBURSED_AMOUNT	NUMBER	9,2	Y
Table Name: PROGRAM_BUDGET_DETAIL				
1	PROGRAM_CODE	VARCHAR2	1	N
2	SEQUENCE_NBR	NUMBER	3,0	N
3	START_DT	DATE	7	N
4	END_DT	DATE	7	N
5	RESTRICTION_CODE	VARCHAR2	2	Y
6	TOTAL_BUDGETED_AMOUNT	NUMBER	9,0	Y
7	ALLOCATED_AMOUNT	NUMBER	9,2	Y
8	DISBURSED_AMOUNT	NUMBER	9,2	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
Table Name: PROGRAM_FUND_TYPE				
1	PROGRAM_CODE	VARCHAR2	1	N
2	FUND_TYPE	VARCHAR2	2	N
3	START_DT	DATE	7	Y
4	END_DT	DATE	7	Y
Table Name: PROV_PROFILE				
1	AHCCCS_PROV_TYPE	VARCHAR2	2	Y
2	PROVIDER_COS	VARCHAR2	2	Y
3	SER_CODE_FROM	VARCHAR2	11	Y
4	SER_CODE_TO	VARCHAR2	11	Y
5	COS_MAN_OPT	VARCHAR2	1	Y
6	SER_TYPE	VARCHAR2	1	Y
7	CHANGE_CONTROL_DATE	DATE	7	Y
8	CHANGE_CONTROL_USER_ID	VARCHAR2	30	Y
Table Name: PROVIDER				
1	CONTR_ID	VARCHAR2	2	Y
2	SUB_CONTR_ID	VARCHAR2	4	Y
3	FACILITY_ID	VARCHAR2	3	Y
4	START_DT	DATE	7	Y
5	END_DT	DATE	7	Y
6	PROVIDER_NM_FIRST	VARCHAR2	25	Y
7	PROVIDER_NM_LAST	VARCHAR2	25	Y
8	PROVIDER_PAYEE_NAME	VARCHAR2	31	Y
9	ADDRESS_1	VARCHAR2	25	Y
10	ADDRESS_2	VARCHAR2	25	Y
11	CITY	VARCHAR2	15	Y
12	STATE	VARCHAR2	2	Y
13	ZIP_5	NUMBER	5,0	Y
14	ZIP_4	NUMBER	4,0	Y
15	COUNTY	NUMBER	2,0	Y
16	PHONE_NBR	NUMBER	10,0	Y
17	GROUP_ID	VARCHAR2	9	Y
18	SOC_SEC_NO	NUMBER	9,0	Y
19	TAX_ID	VARCHAR2	12	Y
20	FISCAL_YEAR_MONTH_END	NUMBER	2,0	Y
21	FISCAL_YEAR_DAY_END	NUMBER	2,0	Y
22	PROVIDER_TYPE	VARCHAR2	2	Y
23	GROUP_CODE	NUMBER	2,0	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
24	LICENSE	VARCHAR2	10	Y
25	EPSDT	VARCHAR2	1	Y
26	NUMBER_OF_BEDS	NUMBER	5,0	Y
27	PROVIDER_SHORT_NM	VARCHAR2	10	Y
28	CENSUS_PLACE	NUMBER	4,0	Y
29	CENSUS_TRACT	NUMBER	6,2	Y
30	DNHS_CODE	NUMBER	8,0	Y
31	CDS_ID	VARCHAR2	15	Y
32	NDATUS_ID	VARCHAR2	15	Y
33	NDATUS_START_DATE	DATE	7	Y
34	NDATUS_OBSOLETE_DATE	DATE	7	Y
35	AHCCCS_ID	VARCHAR2	9	Y
36	AHCCCS_TYPE	VARCHAR2	2	Y
37	EDS_UPDATE_ID	VARCHAR2	8	Y
38	EDS_UPDATE_DT	DATE	7	Y
39	EDS_FILE_DT	DATE	7	Y
40	CHANGE_CONTROL_DATE	DATE	7	Y
41	CHANGE_CONTROL_USER_ID	VARCHAR2	30	Y
42	CDS_START_DATE	DATE	7	Y
43	CDS_OBSOLETE_DATE	DATE	7	Y
44	EDS_ADD_DT	DATE	7	Y
45	CIS_ADD_DATE	DATE	7	Y
46	CHANGE_CONTROL_PGM	VARCHAR2	8	Y
47	FAX_NBR	NUMBER	10,0	Y
Table Name: PROVIDER_TYPE				
1	PROVIDER_TYPE	VARCHAR2	2	N
2	DESCR	VARCHAR2	40	N
Table Name: RBHA_BUDGET_DTL_COMPONENT				
1	CONTR_ID	VARCHAR2	2	N
2	PROGRAM_CODE	VARCHAR2	1	N
3	RESTRICTION_CODE	VARCHAR2	2	N
4	DIVISION_CODE	VARCHAR2	2	N
5	FUNDING_SOURCE	VARCHAR2	2	N
6	ACTIVITY_CODE	VARCHAR2	6	N
7	FUND_START_DT	DATE	7	Y
8	FUND_END_DT	DATE	7	Y
9	AMOUNT	NUMBER	9,2	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
Table Name: RBHA_PROGRAM				
1	CONTR_ID	VARCHAR2	2	N
2	PROGRAM_CODE	VARCHAR2	1	N
3	START_DT	DATE	7	N
4	END_DT	DATE	7	Y
5	TOTAL_BUDGETED_AMOUNT	NUMBER	9,0	Y
6	ALLOCATED_AMOUNT	NUMBER	9,2	Y
7	DISBURSED_AMOUNT	NUMBER	9,2	Y
Table Name: RBHA_PROGRAM_BUDGET_DETAIL				
1	CONTR_ID	VARCHAR2	2	N
2	PROGRAM_CODE	VARCHAR2	1	N
3	SEQUENCE_NBR	NUMBER	3,0	N
4	START_DT	DATE	7	N
5	END_DT	DATE	7	Y
6	RESTRICTION_CODE	VARCHAR2	2	Y
7	TOTAL_BUDGETED_AMOUNT	NUMBER	9,0	Y
8	ALLOCATED_AMOUNT	NUMBER	9,2	Y
9	DISBURSED_AMOUNT	NUMBER	9,2	Y
Table Name: RESTRICTION_CODE				
1	RESTRICTION_CODE	VARCHAR2	2	N
2	RESTRICTION_DESCR	VARCHAR2	50	Y
Table Name: RESTRICTION_CODE_DETAIL				
1	RESTRICTION_CODE	VARCHAR2	2	N
2	SEQUENCE_NBR	NUMBER	3,0	N
3	RESTRICTION_TYPE	VARCHAR2	1	Y
4	INTAKE_FORM_FIELD	NUMBER	3,1	Y
5	INTAKE_FORM_VALUE	VARCHAR2	9	Y
6	SERVICE_AUTH_FIELD	NUMBER	3,1	Y
7	SERVICE_AUTH_VALUE	VARCHAR2	5	Y
Table Name: REVENUE_BILL				
1	REVENUE_CODE	VARCHAR2	3	N
2	BILL_TYPE	VARCHAR2	3	N
3	SVC_BEGIN_DT	DATE	7	N
4	SVC_END_DT	DATE	7	Y
5	AHCCCS_COVERED	VARCHAR2	1	Y
6	THIRD_DIGIT_REQ	VARCHAR2	1	Y
7	UNITS_REQ	VARCHAR2	1	Y
8	PROCEDURE_CODE_REQ	VARCHAR2	1	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
9	CHANGE_CONTROL_DATE	DATE	7	Y
10	CHANGE_CONTROL_USERID	VARCHAR2	10	Y
11	CHANGE_CONTROL_PGM	VARCHAR2	8	Y
12	CIS_ADD_DATE	DATE	7	N
13	ERROR_CODE	VARCHAR2	4	Y
14	PA_CODE	VARCHAR2	1	Y
15	MEDICARE_REV_INDICATOR	VARCHAR2	1	Y
16	MEDICARE_PROC_INDICATOR	VARCHAR2	1	Y
Table Name: REVENUE_CODE				
1	REVENUE_CODE	VARCHAR2	3	N
2	DESCRIPTION	VARCHAR2	30	Y
3	ANCILLARY_IND	VARCHAR2	1	Y
4	AHCCCS_COVERAGE	VARCHAR2	1	Y
5	MIN_AGE	NUMBER	3,0	Y
6	MAX_AGE	NUMBER	3,0	Y
7	SEX	VARCHAR2	1	Y
8	SVC_BEGIN_DT	DATE	7	N
9	SVC_END_DT	DATE	7	Y
10	CHANGE_CONTROL_DATE	DATE	7	Y
11	CHANGE_CONTROL_USERID	VARCHAR2	10	Y
12	CHANGE_CONTROL_PGM	VARCHAR2	8	Y
13	CIS_ADD_DATE	DATE	7	N
Table Name: RPT_CLIENT_ID_LIST				
1	REPORT_REQUEST_ID	NUMBER	10,0	N
2	CLIENT_ID	VARCHAR2	10	Y
Table Name: RPT_REQUEST				
1	REPORT_REQUEST_ID	NUMBER	10,0	N
2	REQUESTOR_ID	VARCHAR2	30	N
3	DATE_REPORT_WAS_REQUESTED	DATE	7	N
4	DATE_TO_RUN_REPORT	DATE	7	Y
5	DATE_REPORT_WAS_RUN	DATE	7	Y
6	JOB_NUMBER	VARCHAR2	5	Y
7	JOB_STATUS	VARCHAR2	8	Y
8	REPORT_NUMBER	VARCHAR2	6	N
9	REPORT_NO_COPIES	NUMBER	1,0	Y
10	REPORT_DATE_START	DATE	7	N
11	REPORT_DATE_END	DATE	7	N
12	REPORT_LEVEL	NUMBER	1,0	N

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Column_I	Column_Name	Data Type	Data Length	Null?
13	COMBINED_CONTR	VARCHAR2	1	Y
14	COUNTY	NUMBER	2,0	Y
15	CONTR_ID	VARCHAR2	2	Y
16	SUB_CONTR_ID	VARCHAR2	2	Y
17	FACILITY_ID	VARCHAR2	2	Y
18	INTAKE_TYPE	VARCHAR2	1	Y
19	PROG	VARCHAR2	2	Y
20	TREAT	VARCHAR2	1	Y
21	MODALITY	VARCHAR2	2	Y
22	DOB_START	DATE	7	Y
23	DOB_END	DATE	7	Y
24	SEX	NUMBER	1,0	Y
25	ETHNICITY	NUMBER	2,0	Y
26	LEGAL_STAT	NUMBER	2,0	Y
27	REFERRAL_SOURCE	VARCHAR2	2	Y
28	AXIS_I_START	VARCHAR2	6	Y
29	AXIS_I_END	VARCHAR2	6	Y
30	ASSESSA_PROB	VARCHAR2	2	Y
31	SUBSTANCE	VARCHAR2	4	Y
32	CMI_STAT_YN	NUMBER	1,0	Y
33	CLIENT_ID	VARCHAR2	10	Y
34	SEH_CHILD_YN	NUMBER	1,0	Y
35	IV_DRUG_USER_YN	NUMBER	1,0	Y
36	PREG_WOMAN_YN	NUMBER	1,0	Y
37	WW_DEP_CHILD_YN	NUMBER	1,0	Y
38	IBM_DEST_ID	VARCHAR2	4	Y
39	BREAK_CONTR_ID	VARCHAR2	1	Y
40	BREAK_SUB_CONTR_ID	VARCHAR2	1	Y
41	BREAK_FACILITY_ID	VARCHAR2	1	Y
42	ASSESSA_INTERVAL_1	NUMBER	1,0	Y
43	ASSESSA_SEQ_1	NUMBER	2,0	Y
44	ASSESSA_INTERVAL_2	NUMBER	1,0	Y
45	ASSESSA_SEQ_2	NUMBER	2,0	Y
46	AHCCCS	VARCHAR2	5	Y
47	BREAK_PROG	VARCHAR2	1	Y
48	BREAK_TREAT	VARCHAR2	1	Y
49	BREAK_TREAT_MODE	VARCHAR2	1	Y
50	REPORT_COMMENT	VARCHAR2	60	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
Table Name: RPT_VALID_SELECT				
1	REPORT_NUMBER	VARCHAR2	6	N
2	REPORT_NO_COPIES	VARCHAR2	1	Y
3	REPORT_DATE_START	VARCHAR2	1	Y
4	COMBINED_CONTR	VARCHAR2	1	Y
5	COUNTY	VARCHAR2	1	Y
6	CONTR_ID	VARCHAR2	1	Y
7	SUB_CONTR_ID	VARCHAR2	1	Y
8	FACILITY_ID	VARCHAR2	1	Y
9	INTAKE_TYPE	VARCHAR2	1	Y
10	PROG	VARCHAR2	1	Y
11	TREAT	VARCHAR2	1	Y
12	MODALITY	VARCHAR2	1	Y
13	AGE_START	VARCHAR2	1	Y
14	SEX	VARCHAR2	1	Y
15	ETHNICITY	VARCHAR2	1	Y
16	LEGAL_STAT	VARCHAR2	1	Y
17	REFERRAL_SOURCE	VARCHAR2	1	Y
18	AXIS_I_START	VARCHAR2	1	Y
19	ASSESSA_PROB	VARCHAR2	1	Y
20	SUBSTANCE	VARCHAR2	1	Y
21	CMI_STAT_YN	VARCHAR2	1	Y
22	CLIENT_ID	VARCHAR2	1	Y
23	SEH_CHILD_YN	VARCHAR2	1	Y
24	IV_DRUG_USER_YN	VARCHAR2	1	Y
25	PREG_WOMAN_YN	VARCHAR2	1	Y
26	WW_DEP_CHILD_YN	VARCHAR2	1	Y
27	BREAK_CONTR_ID	VARCHAR2	1	Y
28	BREAK_SUB_CONTR_ID	VARCHAR2	1	Y
29	BREAK_FACILITY_ID	VARCHAR2	1	Y
30	ASSESSA_INTERVAL_1	VARCHAR2	1	Y
31	ASSESSA_SEQ_1	VARCHAR2	1	Y
32	ASSESSA_INTERVAL_2	VARCHAR2	1	Y
33	ASSESSA_SEQ_2	VARCHAR2	2	Y
34	AHCCCS	VARCHAR2	1	Y
35	BREAK_PROG	VARCHAR2	1	Y
36	BREAK_TREAT	VARCHAR2	1	Y

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37 BREAK_TREAT_MODE VARCHAR2 1 Y

Column_I	Column_Name	Data Type	Data Length	Null?
Table Name: RUN_PARAMETERS				
1	RUN_PARAMETER_ID	NUMBER	9,0	N
2	PARAMETER_SEQUENCE_NBR	NUMBER	3,0	N
3	PROCESSING_ORDER	NUMBER	3,0	N
4	JOB_NAME	VARCHAR2	8	N
5	REQUESTOR_ID	VARCHAR2	8	N
6	DATE_REQUEST_WAS_ENTERED	DATE	7	N
7	DATE_TO_RUN_JOB	DATE	7	Y
8	DATE_JOB_WAS_RUN	DATE	7	Y
9	REQUEST_STATUS	VARCHAR2	8	Y
10	NUMBER_OF_COPIES	NUMBER	1,0	Y
11	PROCESSING_PERIOD_START	DATE	7	Y
12	PROCESSING_PERIOD_END	DATE	7	Y
13	CONTR_ID	VARCHAR2	2	Y
14	SUB_CONTR_ID	VARCHAR2	4	Y
15	FACILITY_ID	VARCHAR2	3	Y
16	CLIENT_ID	VARCHAR2	10	Y
17	CASE_MGR_ID	VARCHAR2	5	Y
18	COUNTY_RESIDENCE	VARCHAR2	2	Y
19	DOB_START	DATE	7	Y
20	DOB_END	DATE	7	Y
21	SEX	VARCHAR2	1	Y
22	RACE	VARCHAR2	2	Y
23	LEGAL_STAT	VARCHAR2	1	Y
24	REFERRAL	VARCHAR2	2	Y
25	SMI_FLAG	VARCHAR2	1	Y
26	SED_FLAG	VARCHAR2	1	Y
27	IV_DRUG_FLAG	VARCHAR2	1	Y
28	PREGNANT_FLAG	VARCHAR2	1	Y
29	WOMAN_DEP_FLAG	VARCHAR2	1	Y
30	PROGRAM_IND	VARCHAR2	1	Y
31	AXIS_I_START	VARCHAR2	6	Y
32	AXIS_I_END	VARCHAR2	6	Y
33	ASSESSA_PROB	VARCHAR2	2	Y
34	SUBSTANCE_START	VARCHAR2	4	Y
35	SUBSTANCE_END	VARCHAR2	4	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
36	PROCEDURE_CODE_START	VARCHAR2	5	Y
37	PROCEDURE_CODE_END	VARCHAR2	5	Y
38	SVC_TYPE	VARCHAR2	1	Y
39	AHCCCS_ELIGIBLE	VARCHAR2	1	Y
40	MHS_CAT	VARCHAR2	1	Y
41	CONTRACT_TYPE	VARCHAR2	1	Y
42	CAPITATION_CODE	VARCHAR2	4	Y
43	CATEGORY_CODE	VARCHAR2	2	Y
44	PROGRAM_CODE	VARCHAR2	1	Y
45	COMBINED_RBHA	VARCHAR2	1	Y
46	IBM_DEST_ID	VARCHAR2	12	Y
47	BREAK_CONTR_ID	VARCHAR2	1	Y
48	BREAK_SUB_CONTR_ID	VARCHAR2	1	Y
49	BREAK_FACILITY_ID	VARCHAR2	1	Y
50	BREAK_CASE_MGR	VARCHAR2	1	Y
51	BREAK_SVC_TYPE	VARCHAR2	1	Y
52	BREAK_MHS_CAT	VARCHAR2	1	Y
53	BREAK_CONTRACT_TYPE	VARCHAR2	1	Y
54	REPORT_COMMENT	VARCHAR2	60	Y
55	FREE_FORM_PARAMETERS	VARCHAR2	80	Y
Table Name: SERVICE_AUTH				
1	PRIOR_AUTH_NBR	VARCHAR2	6	N
2	CLIENT_ID	VARCHAR2	10	N
3	PROCEDURE_CODE	VARCHAR2	5	N
4	EFFECTIVE_DT	DATE	7	N
5	CANCEL_DT	DATE	7	N
6	SVC_TYPE	VARCHAR2	1	N
7	PROVIDER_ID	VARCHAR2	9	N
8	CHANGE_SEQ_NBR	NUMBER	4,0	N
9	CASE_MGR_ID	VARCHAR2	5	Y
10	FUND_TYPE	VARCHAR2	2	Y
11	AUTH_UNITS	NUMBER	8,2	Y
12	USED_UNITS	NUMBER	8,2	Y
13	AUTH_AMOUNT	NUMBER	7,2	Y
14	USED_AMOUNT	NUMBER	7,2	Y
15	CONTR_ID	VARCHAR2	2	Y
16	SUB_CONTR_ID	VARCHAR2	4	Y
17	FACILITY_ID	VARCHAR2	3	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
18	DIAGNOSIS_CODE	VARCHAR2	6	Y
19	EDS_UPDATE_ID	VARCHAR2	8	Y
20	EDS_UPDATE_DT	DATE	7	Y
21	EDS_FILE_DT	DATE	7	Y
22	EDS_ADD_DT	DATE	7	Y
23	CIS_ADD_DATE	DATE	7	Y
24	CHANGE_CONTROL_DATE	DATE	7	Y
25	CHANGE_CONTROL_PGM	VARCHAR2	8	Y
26	CHANGE_CONTROL_USER_ID	VARCHAR2	8	Y
Table Name: SERVICE_AUTH_DELETE				
1	PROVIDER_ID	VARCHAR2	9	N
2	CONTR_ID	VARCHAR2	2	N
3	PRIOR_AUTH_NBR	VARCHAR2	6	N
4	EFFECTIVE_DT	DATE	7	Y
5	CANCEL_DT	DATE	7	Y
6	SVC_TYPE	VARCHAR2	1	Y
7	PROCEDURE_CODE	VARCHAR2	5	Y
8	SUB_CONTR_ID	VARCHAR2	4	Y
9	FACILITY_ID	VARCHAR2	3	Y
10	CIS_ADD_DATE	DATE	7	Y
11	ORIG_CIS_ADD_DATE	DATE	7	Y
12	CHANGE_CONTROL_DATE	DATE	7	Y
13	CHANGE_CONTROL_PGM	VARCHAR2	8	Y
14	CHANGE_CONTROL_USER_ID	VARCHAR2	8	Y
15	CLIENT_ID	VARCHAR2	10	Y
Table Name: STATE_CAPITATION_ROSTER				
1	TRANSACTION_NBR	NUMBER	9,0	N
2	STATUS	VARCHAR2	2	N
3	CONTR_ID	VARCHAR2	2	N
4	CLIENT_ID	VARCHAR2	10	N
5	PROGRAM_CODE	VARCHAR2	1	Y
6	PAYMENT_FROM_DATE	DATE	7	Y
7	PAYMENT_TO_DATE	DATE	7	Y
8	NUMBER_OF_DAYS_COVERED	NUMBER	4,0	Y
9	TRANSACTION_TYPE	VARCHAR2	1	Y
10	ADJ_ACTION_CODE	VARCHAR2	2	Y
11	ADM_CAP_AMT	NUMBER	7,2	Y
12	CASE_MGT_CAP_AMT	NUMBER	7,2	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
13	CASE_SERVICE_CAP_AMT	NUMBER	7,2	Y
14	NON_CASE_SERVICE_CAP_AMT	NUMBER	7,2	Y
15	CONTROL_DATE	DATE	7	Y
16	CONTROL_PROGRAM	VARCHAR2	10	Y
17	PROCESS_DATE	DATE	7	Y
18	BUSINESS_MONTH	NUMBER	6,0	N
19	INVOICE_NBR	VARCHAR2	9	Y
Table Name: TMP_AGE4				
1	CRN_DATE	DATE	7	Y
2	CRN_BATCH	CHAR	4	Y
3	CRN_DOC	CHAR	3	Y
4	CRN_LINE_NBR	CHAR	2	Y
5	ICN_NBR	CHAR	11	Y
6	CONTR_ID	CHAR	2	Y
7	ACTION_CD	CHAR	1	Y
Table Name: TMP_AGE4A				
1	CRN_KEY	CHAR	14	Y
2	ICN_NBR	CHAR	11	Y
3	CONTR_ID	CHAR	2	Y
Table Name: TMP_AGE4B				
1	CRN_DATE	DATE	7	Y
2	CRN_BATCH	CHAR	4	Y
3	CRN_DOC	CHAR	3	Y
4	CRN_LINE_NBR	CHAR	2	Y
5	ICN_NBR	CHAR	11	Y
6	CONTR_ID	CHAR	2	Y
7	ERR_CODES	CHAR	12	Y
Table Name: TMP_AGE4C				
1	CRN_DATE	DATE	7	Y
2	CRN_BATCH	CHAR	4	Y
3	CRN_DOC	CHAR	3	Y
4	CRN_LINE_NBR	CHAR	2	Y
5	ICN_NBR	CHAR	11	Y
6	CONTR_ID	CHAR	2	Y
Table Name: TMP_AGE4D				
1	CRN_KEY	CHAR	14	Y
2	ERR_CODES	CHAR	12	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
Table Name: TMP_ELIG				
1	AHCCCS_ID	CHAR	9	Y
2	CLIENT_ID	CHAR	10	Y
3	CONTR_ID	CHAR	2	Y
4	START_DT	DATE	7	Y
5	INTAKE_DT	DATE	7	Y
Table Name: TMP_ELIG2				
1	AHCCCS_ID	CHAR	9	Y
2	CLIENT_ID	CHAR	10	Y
3	CONTR_ID	CHAR	2	Y
4	START_DT	DATE	7	Y
5	INTAKE_DT	DATE	7	Y
Table Name: TMP_H74155_DETAIL				
1	CONTR_ID	CHAR	2	Y
2	NBR_CHILD_T19	NUMBER	7,0	Y
3	NBR_CHILD_NON_T19	NUMBER	7,0	Y
4	NBR_CHILD_SUBTOTAL	NUMBER	7,0	Y
5	NBR_CHILD_UNDUP	NUMBER	7,0	Y
6	NBR_SMI_T19	NUMBER	7,0	Y
7	NBR_SMI_NON_T19	NUMBER	7,0	Y
8	NBR_SMI_SUBTOTAL	NUMBER	7,0	Y
9	NBR_SMI_UNDUP	NUMBER	7,0	Y
10	NBR_GMH	NUMBER	7,0	Y
11	NBR_GMH_NON_T19	NUMBER	7,0	Y
12	NBR_DRUGS	NUMBER	7,0	Y
13	NBR_DRUGS_NON_T19	NUMBER	7,0	Y
14	NBR_ALCOHOL	NUMBER	7,0	Y
15	NBR_ALCOHOL_NON_T19	NUMBER	7,0	Y
16	NBR_OTHER_PROGRAMS	NUMBER	7,0	Y
17	NBR_NONSMI_SUBTOTAL	NUMBER	7,0	Y
18	NBR_NONSMI_UNDUP	NUMBER	7,0	Y
19	NBR_UNDUPLICATED	NUMBER	7,0	Y
Table Name: TMP_H74155_HEADER				
1	PERIOD_START_DT	CHAR	10	Y
2	PERIOD_END_DT	CHAR	10	Y
3	RUN_DATE	CHAR	10	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
Table Name: TMP_H74155T_DETAIL				
1	CONTR_ID	CHAR	2	Y
2	NBR_CHILD_T19	NUMBER	7,0	Y
3	NBR_CHILD_NON_T19	NUMBER	7,0	Y
4	NBR_CHILD_SUBTOTAL	NUMBER	7,0	Y
5	NBR_CHILD_UNDUP	NUMBER	7,0	Y
6	NBR_SMI_T19	NUMBER	7,0	Y
7	NBR_SMI_NON_T19	NUMBER	7,0	Y
8	NBR_SMI_SUBTOTAL	NUMBER	7,0	Y
9	NBR_SMI_UNDUP	NUMBER	7,0	Y
10	NBR_GMH	NUMBER	7,0	Y
11	NBR_GMH_NON_T19	NUMBER	7,0	Y
12	NBR_DRUGS	NUMBER	7,0	Y
13	NBR_DRUGS_NON_T19	NUMBER	7,0	Y
14	NBR_ALCOHOL	NUMBER	7,0	Y
15	NBR_ALCOHOL_NON_T19	NUMBER	7,0	Y
16	NBR_OTHER_PROGRAMS	NUMBER	7,0	Y
17	NBR_NONSMI_SUBTOTAL	NUMBER	7,0	Y
18	NBR_NONSMI_UNDUP	NUMBER	7,0	Y
19	NBR_UNDUPLICATED	NUMBER	7,0	Y
Table Name: TMP_H74155T_HEADER				
1	PERIOD_START_DT	CHAR	10	Y
2	PERIOD_END_DT	CHAR	10	Y
3	RUN_DATE	CHAR	10	Y
Table Name: TMP_H74VAL				
1	TBL_ID	VARCHAR2	3	Y
2	VVAL_CODE	VARCHAR2	3	Y
3	VVAL_DESCRIPTION	VARCHAR2	30	Y
Table Name: TMP_LEVEL3_PROV_TYPE				
1	PROCEDURE_CODE	VARCHAR2	5	N
2	PROVIDER_TYPE	VARCHAR2	2	N
3	EFFECTIVE_DATE	DATE	7	Y
4	END_DATE	DATE	7	Y
Table Name: TMP_LOG139				
1	CONTR_ID	CHAR	2	Y
2	RBHA_NAME	CHAR	50	Y
3	OLD_COUNT	NUMBER	7,0	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
4	TOTAL_COUNT	NUMBER	7,0	Y
Table Name: TMP_PDEL				
1	CRN_DATE	DATE	7	Y
2	CRN_BATCH	CHAR	4	Y
3	CRN_DOC	CHAR	3	Y
4	CRN_LINE_NBR	CHAR	2	Y
5	ICN_NBR	CHAR	11	Y
6	RBHA_ID	CHAR	2	Y
Table Name: TMP_PDEL2				
1	CRN_NBR	CHAR	14	Y
2	ICN_NBR	CHAR	11	Y
3	RBHA_ID	CHAR	2	Y
4	ERROR_CODES	CHAR	12	Y
Table Name: TMP_PEND_CRNKEY				
1	CRN_DATE	DATE	7	N
2	CRN_BATCH	NUMBER	4,0	N
3	CRN_DOC	NUMBER	3,0	N
Table Name: TMP_UINTK				
1	CLIENT_ID	CHAR	10	Y
2	INTAKE_DATE	DATE	7	Y
Table Name: TMP74603X				
1	SUB_CONTR_ID	CHAR	4	Y
2	FACILITY_ID	CHAR	3	Y
3	START_DT	DATE	7	Y
4	END_DT	DATE	7	Y
Table Name: TMP74611				
1	ICN_NBR	CHAR	11	Y
2	LINE_NBR	NUMBER	2,0	Y
Table Name: USER_GROUP_XREF				
1	USER_ID	VARCHAR2	30	N
2	GROUP_ID	VARCHAR2	30	N
3	GRANT_ACCESS	VARCHAR2	1	N
Table Name: USER_SETUP				
1	USER_ID	VARCHAR2	30	N
2	L_NM	VARCHAR2	15	N
3	M_NM	VARCHAR2	1	Y
4	F_NM	VARCHAR2	10	N
5	ADDRESS_1	VARCHAR2	30	Y

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Column_I	Column_Name	Data Type	Data Length	Null?
6	ADDRESS_2	VARCHAR2	30	Y
7	STATE	VARCHAR2	2	Y
8	ZIP	VARCHAR2	10	Y
9	DEFAULT_MENU	VARCHAR2	7	Y
Table Name: USER_TABLE_XREF				
1	USER_ID	VARCHAR2	30	N
2	TNAME	VARCHAR2	30	N
3	ACCESS_TYPE	VARCHAR2	1	N
Table Name: VALIDV_LIST_REF				
1	TBL_ID	VARCHAR2	3	N
2	TBL_DESCRIPTION	VARCHAR2	30	Y
Table Name: VALIDV_VALS_REF				
1	TBL_ID	VARCHAR2	3	N
2	VVAL_CODE	VARCHAR2	3	N
3	VVAL_DESCRIPTION	VARCHAR2	30	Y

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Appendix E: Request for Restrictions on Use or Disclosure of PHI

**Arizona Department of Health Services
Division of Behavioral Health Services**

**REQUEST FOR RESTRICTION ON USE OR DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

INFORMATION

Date: _____

Name: _____

Date of birth: _____

REQUESTED RESTRICTION

I understand that the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) may use or disclose my Protected Health Information for the purposes of treatment, payment, and health care operations. ADHS/DBHS may also disclose information to someone involved in my care or the payment for my care, such as a family member or friend. I understand that ADHS/DBHS does not have to agree to my request.

I hereby request a restriction on ADHS/DBHS' use or disclosure of my Protected Health Information.

The information I want limited is:

I want to limit:

- ☐ ADHS/DBHS' use of this information.
- ☐ ADHS/DBHS' disclosure of this information.
- ☐ Both the use and disclosure of this information.

I want the limits to apply to the following person/entity (for example, a spouse):

I understand that ADHS/DBHS does not have to agree to my request.

EXCEPTIONS

Even if ADHS/DBHS agrees to the restriction, ADHS/DBHS may share the information regardless of the restriction in the following circumstances:

- During a medical emergency, if the restricted information is needed to provide emergency treatment. However, if the information is disclosed during an emergency, ADHS/DBHS will tell the recipient not to use or disclose the information for any other purposes.
- For certain public health activities.
- For reporting abuse, neglect, exploitation, domestic violence or other crimes

REQUEST FOR RESTRICTION ON USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION – Page 2

- For health agency oversight activities or law enforcement investigations.
- For judicial or administrative proceedings.
- For identifying decedents to coroner and medical examiners or determining a cause of death.
- For organ procurement.
- For certain research activities.
- For workers' compensation programs.
- For uses or disclosures otherwise required by law.

TERMINATION

If a restriction is agreed to, it may be terminated if:

1. I request, or agree to, the termination in writing.
2. I orally agree to the termination and the oral agreement is documented.
3. ADHS/DBHS informs me that it is terminating the agreement. In this case, the termination is effective for Protected Health Information created by ADHS/DBHS or received by ADHS/DBHS after I am notified of the termination.

YOUR RIGHTS

For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at www.hs.state.az.us/bhs/index.htm or by sending a written request.

If you believe your privacy rights as set forth in this Notice have been violated, and you wish to complain, please write or contact one of the offices listed below:

Prior to July 1, 2003

Arizona Department of Health Services
Division of Behavioral Health Services
Manager for Grievance and Appeals
2122 East Highland Avenue, Suite 100
Phoenix Arizona 85016
Phone: (602) 381-8999

On or After July 1, 2003

Arizona Department of Health Services
Division of Behavioral Health Services
Manager for Grievance and Appeals
150 N. 18th Avenue
Phoenix Arizona 85007
Phone: (602) 364-4558

We will take no retaliatory action against you if you make such complaints.

SIGNATURE

Date: _____

Signature: _____
Enrolled person/Representative/Guardian

If signed by someone other than the Enrolled person, state your relationship to the enrolled person:

Witness: _____

**Arizona Department of Health Services
Division of Behavioral Health Services**

**RESPONSE TO REQUEST FOR RESTRICTION ON USE OR
DISCLOSURE OF PROTECTED HEALTH INFORMATION**

Date: _____

Name: _____

Address: _____

Dear _____:

On _____, you requested that the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) limit its use or disclosure of your Protected Health Information.

- ☐ ADHS/DBHS agrees to the restriction you requested.
- ☐ ADHS/DBHS does not agree to the restriction you requested.
- ☐ Other _____

Even if a restriction is agreed to, the information may be shared regardless in the following circumstances:

- During a medical emergency, if the restricted information is needed to provide emergency treatment. However, if the information is disclosed during an emergency, ADHS/DBHS will tell the recipient not to use or disclose the information for any other purposes.
- For certain public health activities.
- For reporting abuse, neglect, exploitation, domestic violence or other crimes.
- For health agency oversight activities or law enforcement investigations.
- For judicial or administrative proceedings.
- For identifying decedents to coroner and medical examiners or determining a cause of death.

If a restriction is agreed to, it may be terminated if:

- You request, or agree to, the termination in writing.
- You orally agree to the termination and the oral agreement is documented.
- ADHS/DBHS informs you that it is terminating the agreement. In this case, the termination is only effective for Protected Health Information created by ADHS/DBHS or received by ADHS/DBHS after you are notified of the termination.

For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at www.hs.state.az.us/bhs/index.htm or by sending a written request.

If you believe your privacy rights as set forth in this Notice have been violated, and you wish to complain, please write or contact one of the offices listed below:

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Phoenix Arizona 85016
Phone: (602) 381-8999

On or After July 1, 2003

Arizona Department of Health Services
Division of Behavioral Health Services
Manager for Grievance and Appeals
150 N. 18th Avenue
Phoenix Arizona 85007
Phone: (602) 364-4558

We will take no retaliatory action against you if you make such complaints.

Sincerely,

**Arizona Department of Health Services
Division of Behavioral Health Services**

**TERMINATION OF RESTRICTION ON USE OR DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

Date: _____

Name: _____

Date of birth: _____

The enrolled person named above requested a restriction on the use or disclosure of Protected Health Information by the Arizona Department of Health Services/Division of Behavioral Health Services, (ADHS/DBHS) on _____ (insert date).

- ☐ The enrolled person hereby requests that the restriction be terminated.

Signature of enrolled person or representative: _____

If representative, give relationship: _____

- ☐ The enrolled person hereby agrees to the termination of the restriction.

Signature of enrolled person or representative: _____

If representative, give relationship: _____

- ☐ The enrolled person orally agreed to the termination.

Signature of ADHS/DBHS representative who witnessed the oral agreement:

- ☐ ADHS/DBHS is hereby informing you that the agreement is terminated. The termination is effective only with respect to Protected Health Information created or received by ADHS/DBHS after you have received this notification.

Signature of ADHS/DBHS representative:

YOUR RIGHTS

For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at www.hs.state.az.us/bhs/index.htm or by sending a written request.

If you believe your privacy rights as set forth in this Notice have been violated, and you wish to complain, please write or contact one of the offices listed below:

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Phone: (602) 381-8999

On or After July 1, 2003

Arizona Department of Health Services
Division of Behavioral Health Services
Manager for Grievance and Appeals
150 N. 18th Avenue
Phoenix Arizona 85007
Phone: (602) 364-4558

We will take no retaliatory action against you if you make such complaints.

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Appendix F: Request For Confidential Communications

**Arizona Department of Health Services
Division of Behavioral Health Services**

REQUEST FOR CONFIDENTIAL COMMUNICATIONS

Date: _____

Name: _____

Date of birth: _____

ALTERNATIVE CONTACT INFORMATION

You may request to receive confidential communications of Protected Health Information by alternative means or at alternative addresses.

You must indicate to us that the disclosures of all or part of the information would endanger you. We will accommodate all reasonable requests.

If you make a request for confidential communications, you must give us an alternative address or other method of contacting you (phone number, email address, etc.). Please specify how or where you wish to be contacted:

Signature of enrolled person or representative: _____

If representative, give relationship: _____

YOUR RIGHTS

For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at www.hs.state.az.us/bhs/index.htm or by sending a written request.

If you believe your privacy rights as set forth in this Notice have been violated, and you wish to complain, please write or contact one of the offices listed below:

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2122 East Highland Avenue, Suite 100
Phoenix Arizona 85016
Phone: (602) 381-8999

On or After July 1, 2003

Arizona Department of Health Services
Division of Behavioral Health Services
Manager for Grievance and Appeals
150 N. 18th Avenue
Phoenix Arizona 85007
Phone: (602) 364-4558

We will take no retaliatory action against you if you make such complaints.

**Arizona Department of Health Services
Division of Behavioral Health Services**

**RESPONSE TO REQUEST FOR CONFIDENTIAL
COMMUNICATIONS**

Date: _____

Address: _____

Dear _____:

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) received your request for confidential communications dated _____. ADHS/DBHS has determined the following in response to your request:

- ☐ You have indicated that confidential communications are required because you would otherwise be endangered. You have provided an alternative means of communication and ADHS/DBHS will honor your request to be contacted as you indicated.
- ☐ You failed to indicate the need for confidential communication is required because you would otherwise be endangered. Please communicate this concern in writing with your request for confidential communications.
- ☐ You failed to provide an alternative means for ADHS/DBHS to contact you. Please indicate in writing how you want ADHS/DBHS to provide confidential communications.

For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at www.hs.state.az.us/bhs/index.htm or by sending a written request.

If you believe your privacy rights as set forth in this Notice have been violated, and you wish to complain, please write or contact one of the offices listed below:

Prior to July 1, 2003
Arizona Department of Health Services
Division of Behavioral Health Services
Manager for Grievance and Appeals
2122 East Highland Avenue, Suite 100
Phoenix Arizona 85016
Phone: (602) 381-8999

On or After July 1, 2003
Arizona Department of Health Services
Division of Behavioral Health Services
Manager for Grievance and Appeals
150 N. 18th Avenue
Phoenix Arizona 85007
Phone: (602) 364-4558

We will take no retaliatory action against you if you make such complaints.

Sincerely,

**Arizona Department of Health Services
Division of Behavioral Health Services HIPAA Privacy Manual**

Appendix G: Request To Amend Protected Health Information

**Arizona Department of Health Services
Division of Behavioral Health Services**

REQUEST TO AMEND PROTECTED HEALTH INFORMATION

Date: _____

Name: _____

Date of birth: _____

INFORMATION TO BE CHANGED

Please tell us what information you want changed:

Please tell us why you want this change. You must give a reason:

OUR RESPONSIBILITY

We must tell you within 60 days if we will change your Protected Health Information as you requested, or tell you that we need more time (up to 30 additional days) to decide.

Please tell us where to send you this information:

Please provide a phone number where we
may reach you: _____

If we decide to change the Protected Health Information as you requested, we will send the change to any person who received the information before it was changed. Please tell us if there are any such persons who need the information:

- ☐ No. There is no other person I know who needs this information.
☐ Yes. Please list the persons' name and addresses:

_____	_____
_____	_____

REQUEST TO AMEND PROTECTED HEALTH INFORMATION – Page 2

We will also send the amendment to other persons that we know received the information before it was amended if they relied, or might in the future rely, on the information to your detriment (harm). Do you agree with this?

- ☐ No.
☐ Yes.

We do not have to change the information if:

1. We did not create the information, unless the person who created the information is unavailable to act on your request to change it (for example, the doctor who originally created the information has died). If this exception applies to you, please explain:

2. The information is accurate and complete.
3. You do not have the legal right to access the Protected Health Information you want changed.
4. The Protected Health Information you want changed is not part of the designated record set. This includes your medical records, billing records and records containing your Protected Health Information that are used by us to make decisions about you.

For more information about your privacy rights, see the “Notice of Privacy Practices” available on our website at www.hs.state.az.us/bhs/index.htm or by sending a written request.

If you believe your privacy rights as set forth in this Notice have been violated, and you wish to complain, please write or contact one of the offices listed below:

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Manager for Grievance and Appeals
150 N. 18th Avenue
Phoenix Arizona 85007
Phone: (602) 364-4558

We will take no retaliatory action against you if you make such complaints.

SIGNATURE

Date: _____

Signature: _____
Enrolled person/Representative/Guardian

If signed by someone other than the Enrolled person, state your relationship to the enrolled person:

Witness: _____

**Arizona Department of Health Services
Division of Behavioral Health Services**

**RESPONSE TO REQUEST TO AMEND
PROTECTED HEALTH INFORMATION**

Date: _____

Address: _____

Dear _____:

We received your request to amend (change) your Protected Health Information.

- ☐ We need more time to process your request. We will send you a response to your request by _____ [insert date].
- ☐ We will make the change as you requested and will notify the persons you designated of the change.
- ☐ We will make the change that you requested, but only in part, and will notify the persons you designated of the change. The part of the change that we will make is:

The part of the change we will not make is:

See the box checked below for the reason we will not make part of the change you requested.

We will not make the change you requested because:

- ☐ You did not include a reason to support your request.
- ☐ The information we have is accurate and complete.
- ☐ We did not create the information you want changed, and you did not give us a reasonable basis to believe that the originator of the information is no longer available to act on your request to change the information.
- ☐ The information you want changed is not information that you have a right to access.

RESPONSE TO REQUEST TO AMEND PROTECTED HEALTH INFORMATION – Page 2

- ☐ The information you want changed is not part of the designated record set. This means your medical, billing, payment, claims adjudication or enrollment records containing your Protected Health Information that are used by us to make decisions about you.
- ☐ Other _____

If we denied your request to change your Protected Health Information, in whole or in part, you may submit a “Statement of Disagreement.” If you do not submit a “Statement of Disagreement” you may ask us to include your amendment (change) request and our denial along with all future disclosures of the information that you want changed.

If you want to submit a “Statement of Disagreement”, please request and complete our form for that purpose and send or bring it to ADHS/DBHS at the address below.

If you want us to include your amendment (change) request and our denial along with future disclosures of the information that you wanted changed, please send a letter or bring it to the address below.

For more information about your privacy rights, see the “Notice of Privacy Practices” available on our website at www.hs.state.az.us/bhs/index.htm or by sending a written request.

If you believe your privacy rights as set forth in this Notice have been violated, and you wish to complain, please write or contact one of the offices listed below:

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Arizona Department of Health Services
Division of Behavioral Health Services
Manager for Grievance and Appeals
150 N. 18th Avenue
Phoenix Arizona 85007
Phone: (602) 364-4558

We will take no retaliatory action against you if you make such complaints.

Sincerely,

**Arizona Department of Health Services
Division of Behavioral Health Services**

**NOTIFICATION OF AMENDMENT TO
PROTECTED HEALTH INFORMATION**

Date: _____

Address: _____

Dear _____:

Name of enrolled person: _____

Date of birth: _____

The enrolled person named above requested an amendment to his or her Protected Health Information. We granted this request, in whole or in part, as follows:

You must amend the Protected Health Information in designated record sets by appending or otherwise providing a link from the Protected Health Information to the location of the amendment.

If you have any questions, please call the HIPAA Analyst at (602) 381-8999.

Sincerely,

**Arizona Department of Health Services
Division of Behavioral Health Services**

**STATEMENT OF DISAGREEMENT/REQUEST TO INCLUDE
AMENDMENT REQUEST AND DENIAL WITH FUTURE
DISCLOSURES**

Date: _____

Name: _____

Date of birth: _____

Address: _____

Phone: _____

I understand that the ADHS/DBHS denied my request to change my Protected Health Information. My request was dated _____.

Mark only one box below:

☐ I want to file this "Statement of Disagreement". I disagree with the denial because:
(Limiting the length of statement is permitted, but it should be indicated here if you want to do that.)

I understand that ADHS/DBHS may prepare a written rebuttal to my Statement of Disagreement. A rebuttal is a statement of why ADHS/DBHS believes my Statement of Disagreement is wrong. If ADHS/DBHS prepares a written rebuttal, I will receive a copy.

☐ I do not want to file a "Statement of Disagreement", but I want ADHS/DBHS to include my amendment (change) request and the denial along with all future disclosures of the information subject to my amendment request.

YOUR RIGHTS

For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at www.hs.state.az.us/bhs/index.htm or by sending a written request.

If you believe your privacy rights as set forth in this Notice have been violated, and you wish to complain, please write or contact one of the offices listed below:

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Division of Behavioral Health Services
Manager for Grievance and Appeals
150 N. 18th Avenue
Phoenix Arizona 85007
Phone: (602) 364-4558

We will take no retaliatory action against you if you make such complaints.

SIGNATURE

Date: _____

Signature: _____
Enrolled person/Representative/Guardian

If signed by someone other than the Enrolled person, state your relationship to the enrolled person:

**Arizona Department of Health Services
Division of Behavioral Health Services HIPAA Privacy Manual**

**Appendix H: Complaint Regarding Violation of Privacy of Protected Health
Information Form**

**Arizona Department of Health Services
Division of Behavioral Health Services**

**COMPLAINT REGARDING VIOLATION OF PRIVACY OF
PROTECTED HEALTH INFORMATION**

ENROLLED PERSON INFORMATION

Date: _____

Name: _____

Date of birth: _____

COMPLAINT

I am filing this Complaint because I believe that the privacy rights of the above named enrolled person have been violated. I understand that the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) will investigate this complaint and notify me of its decision in writing.

I believe the enrolled person's privacy rights were violated by ADHS/DBHS as a result of the following (*state actions you believe violated your privacy rights*):

(attach additional sheets as necessary)

CONTACT INFORMATION

Please provide the following information, which will allow ADHS/DBHS to contact you if we need further information about your complaint.

Name of party filing the Complaint: _____

Relationship to the enrolled person:

☐ Self

☐ Other

(state the nature of your relationship to the enrolled person)

Address: _____

Telephone: _____

COMPLAINT REGARDING VIOLATION OF PRIVACY OF PROTECTED HEALTH INFORMATION – Page 2

YOUR RIGHTS

For more information about your privacy rights, see the “Notice of Privacy Practices” available on our website at www.hs.state.az.us/bhs/index.htm or by sending a written request.

If you believe your privacy rights as set forth in this Notice have been violated, and you wish to complain, please write or contact one of the offices listed below:

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On or After July 1, 2003

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Division of Behavioral Health Services
Manager for Grievance and Appeals
150 N. 18th Avenue
Phoenix Arizona 85007
Phone: (602) 364-4558

We will take no retaliatory action against you if you make such complaints.

SIGNATURE

Date: _____

Signature: _____
Enrolled person/Representative/Guardian

If signed by someone other than the Enrolled person, state your relationship to the enrolled person:

Witness: _____

**Arizona Department of Health Services
Division of Behavioral Health Services HIPAA Privacy Manual**

Appendix I: Authorization for Use or Disclosure of Protected Health Information

Arizona Department of Health Services Division of Behavioral Health Services

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Completion of this document authorizes the disclosures and/or use of individually identifiable health information, as set forth below, consistent with Arizona and Federal law concerning the privacy of such information. **Failure to provide all information requested will invalidate this Authorization.**

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I hereby authorize the use and disclosure of my Protected Health Information as follows:

Enrolled person Name: _____

Persons/Organizations authorized to use or disclose the information: _____

Persons/Organizations authorized to receive the information: _____
(name, address, telephone number)

Purpose of the use or disclosure: _____

This Authorization applies to the following information (*select only one of the following*):¹

☐ All health information pertaining to my medical history, mental or physical condition and treatment received.

[Optional] Except: _____

☐ Only the following records or types of information (including any dates): _____

EXPIRATION

This Authorization expires (insert date or event): _____

RESTRICTIONS

This Authorization may not be used to release Substance Abuse or Confidential Communicable Disease/HIV information in combination with any other health care information. Federal law requires a specific Authorization be used for the disclosure of this information.

Protected Health Information that is disclosed pursuant to this Authorization remains privileged. The recipient of this information may not redisclose this information without the written authorization of the enrolled person or the enrolled person's health care decision maker, unless otherwise provided by law. [ARS §12-2294(F)].

YOUR RIGHTS

¹ This form may not be used to release psychotherapy notes in combination with other types of health information (45 CFR §164.508(b)(ii)). If this form is being used to authorize the release of psychotherapy notes, a separate form must be used to authorize release of any other Protected Health Information.

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION – Page 2

I understand that I may refuse to sign this Authorization. My refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits. I may inspect or copy any used or disclosed under this Authorization, unless the information is contraindicated as determined by my psychiatrist.

I may revoke this Authorization at any time. My revocation must be writing, signed by me or on my behalf. My revocation will be effective upon receipt, but will not be effective to the extent that the Requesting Party or others have acted in reliance upon this Authorization.

I have a right to receive a copy of this Authorization.

SIGNATURE

Date: _____

Time: _____ AM/PM

Signature: _____
Enrolled person/Representative/Guardian

If signed by someone other than the Enrolled person, state your relationship to the enrolled person:

Witness: _____

**Arizona Department of Health Services
Division of Behavioral Health Services**

**AUTHORIZATION FOR DISCLOSURE OF
SUBSTANCE ABUSE OR CONFIDENTIAL COMMUNICABLE
DISEASE/HIV INFORMATION**

NOTE: Where information accompanies this disclosure form, this information has been disclosed to you from records protected by Federal Confidentiality of Alcohol or Drug Abuse Patient Records rules (42 CFR Part 2) or Arizona State Statutes (§36-664). Generally, the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) may not disclose to a person outside of ADHS/DBHS any information regarding substance abuse or Confidential Communicable Disease/HIV, unless the enrolled person authorizes the disclosure in writing, the disclosure is required by a court order, or the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Federal law restricts any use of substance abuse information to criminally investigate or prosecute a enrolled person.

FEDERAL AND STATE LAW PROHIBIT ANY FURTHER DISCLOSURE OF SUBSTANCE ABUSE OR CONFIDENTIAL COMMUNICABLE DISEASE/HIV INFORMATION UNLESS FURTHER DISCLOSURE IS EXPRESSLY PERMITTED BY THE WRITTEN AUTHORIZATION OF THE ENROLLED PERSON TO WHOM IT PERTAINS OR AS OTHERWISE PERMITTED.

**USE AND DISCLOSURE OF SUBSTANCE ABUSE OR CONFIDENTIAL COMMUNICABLE
DISEASE/HIV INFORMATION**

I hereby authorize the use and disclosure of my Protected Health Information as follows:

Enrolled person Name: _____

Persons/Organizations authorized to *use* or *disclose* the information: _____

Persons/Organizations authorized to receive the information: _____

(name, address, telephone number)

This Authorization applies to the following information (*select only one of the following*):²

- ☐ All SUBSTANCE ABUSE health information pertaining to my medical history, mental or physical condition and treatment received.

[Optional] Except: _____

- ☐ All CONFIDENTIAL COMMUNICABLE DISEASE/HIV health information pertaining to my medical history, mental or physical condition and treatment received.

[Optional] Except: _____

- ☐ Only the following records or types of information (including any dates): _____

² This form may not be used to release psychotherapy notes in combination with other types of health information (45 CFR §164.508(b)(ii)). If this form is being used to authorize the release of psychotherapy notes, a separate form must be used to authorize release of any other Protected Health Information.

AUTHORIZATION FOR DISCLOSURE OF SUBSTANCE ABUSE OR CONFIDENTIAL COMMUNICABLE DISEASE/HIV INFORMATION – Page 2

The purpose for this disclosure is: _____

EXPIRATION

This Authorization expires (insert date or event): _____

YOUR RIGHTS

I understand that I may refuse to sign this Authorization. My refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits. I may inspect or copy any used or disclosed under this Authorization, unless the information is contraindicated as determined by my psychiatrist.

I may revoke this Authorization at any time. My revocation must be writing, signed by me or on my behalf. My revocation will be effective upon receipt, but will not be effective to the extent that the Requesting Party or others have acted in reliance upon this Authorization.

I have a right to receive a copy of this Authorization.

SIGNATURE

Date: _____

Time: _____ AM/PM

Signature: _____
Enrolled person/Representative/Guardian

If signed by someone other than the Enrolled person, state your relationship to the enrolled person:

Witness: _____

**Arizona Department of Health Services
Division of Behavioral Health Services HIPAA Privacy Manual**

Appendix J: Accounting of Disclosures

**Arizona Department of Health Services
Division of Behavioral Health Services**

REQUEST FOR AN ACCOUNTING OF DISCLOSURES

Date: _____

Name: _____

Date of Birth: _____

I would like an accounting of how my Protected Health Information was disclosed by the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) as required by federal regulations. I understand that ADHS/DBHS does not have to tell me about the following types of disclosures:

1. Disclosures for purposes of treatment, payment and health care operations.
2. Disclosures to me.
3. Disclosures for compliance investigations by the Department of Health and Human Services or the Arizona Health Care Cost Containment System or other entities authorized by law.
4. Disclosures incident to an otherwise permitted or required disclosure.
5. Disclosures pursuant to an authorization.
6. Disclosures for national security or intelligence purposes,
7. Disclosures to correctional institutions or law enforcement officials.
8. Disclosures made prior to April 14, 2003.

I also understand that my right to an accounting of some or all disclosures may be suspended by the government under limited circumstances.

TIME PERIOD AND FORM

I want an accounting of disclosures that covers the following time period:

(Note: The time period must be no longer than six years and may not include dates before April 14, 2003.)

I want the accounting of disclosures in the following form:

- ☐ On paper
- ☐ Electronically
- ☐ Please send my accounting to following address (provide an e-mail address if you request your accounting electronically): _____.
- ☐ I want to pick up my accounting. Please call me at the following number when it is ready:
_____.

REQUEST FOR AN ACCOUNTING OF DISCLOSURES – Page 2

EXTENSIONS AND FEES

I understand that ADHS/DBHS must give me the accounting of disclosures within 60 days, or tell me that it needs an extra 30 days (or less) to prepare it.

I understand that I am entitled to one free accounting of disclosures in any 12-month period. Additional accountings will cost \$ _____ each.

YOUR RIGHTS

For more information about your privacy rights, see the “Notice of Privacy Practices” available on our website at www.hs.state.az.us/bhs/index.htm or by sending a written request.

If you believe your privacy rights as set forth in this Notice have been violated, and you wish to complain, please write or contact one of the offices listed below:

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150 N. 18th Avenue
Phoenix Arizona 85007
Phone: (602) 364-4558

We will take no retaliatory action against you if you make such complaints.

SIGNATURE

Date: _____

Time: _____ AM/PM

Signature: _____
Enrolled person/Representative/Guardian

If signed by someone other than the Enrolled person, state your relationship to the enrolled person:

**Arizona Department of Health Services
Division of Behavioral Health Services**

RESPONSE TO REQUEST FOR ACCOUNTING OF DISCLOSURES

Date: _____

Address: _____

RE: Request for Accounting of Disclosures

Dear _____:

We received your request for an accounting of disclosures dated _____.

- ☐ We need more time to process your request. We will send you an accounting of disclosures by _____ [insert date].
- ☐ You did not provide all the information we needed on your form. Please complete the highlighted areas on the attached form and return it to us.
- ☐ You have already received one free accounting of disclosures within the last 12 months. Additional accountings cost \$ _____. Please send a check for this amount, made payable to ADHS/DBHS or bring it to the address below.
- ☐ Other _____

For more information about your privacy rights, see the "Notice of Privacy Practices" available on our website at www.hs.state.az.us/bhs/index.htm or by sending a written request.

If you believe your privacy rights as set forth in this Notice have been violated, and you wish to complain, please write or contact one of the offices listed below:

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Division of Behavioral Health Services
Manager for Grievance and Appeals
150 N. 18th Avenue
Phoenix Arizona 85007
Phone: (602) 364-4558

We will take no retaliatory action against you if you make such complaints.

Sincerely,

**Arizona Department of Health Services
Division of Behavioral Health Services HIPAA Privacy Manual**

Appendix K: Record of Disclosures for Purposes of Public Responsibility

Arizona Department of Health Services Division of Behavioral Health Services

RECORD OF DISCLOSURE FOR PURPOSES OF PUBLIC RESPONSIBILITY

Completion of this document memorializes that the Arizona Department of Health Services/Division of Behavioral Health Services, (ADHS/DBHS) was permitted or required by law to disclose Protected Health Information for as part of its public responsibility duties, as set forth below, and consistent with Federal regulations (45 CFR Part 160 and 164) and Arizona Revised Statutes:

Name: _____

Date: _____

Date of Birth: _____

DISCLOSURE OF PROTECTED HEALTH INFORMATION

This disclosure was made by ADHS/DBHS to the following persons/organizations:

(name, address and telephone number)

The verification of identity and authority of the recipient of this disclosure was confirmed by the following:

This disclosure was made on the following date: _____

This disclosure was made by:

(name of ADHS/DBHS workforce member)

REASON FOR DISCLOSURE

This disclosure of information was (select only one of the following):

- ☐ Victim of abuse, neglect, exploitation, or domestic violence
- ☐ Judicial or administrative proceeding
- ☐ Law enforcement
- ☐ Avert a serious threat to health or safety
- ☐ Public health activities

RECORD OF DISCLOSURE FOR PURPOSES OF PUBLIC RESPONSIBILITY – Page 2

REASON FOR DISCLOSURE Continued

- ☐ Health oversight activities
- ☐ Coroner or medical examiner
- ☐ FDA
- ☐ Specialized government function
- ☐ Reporting unlawful activity to an attorney or health oversight agency

NOTIFICATION

Notice of this disclosure ☐ was ☐ was not provided to the enrolled person.

The enrolled person was notified of this disclosure on: _____.

The enrolled person was notified by the following: _____.
(name of ADHS/DBHS workforce member)

The enrolled person was not notified due to the following circumstances: _____
_____.

SIGNATURE

Date: _____

Signature: _____
(name of ADHS/DBHS workforce member completing this form)

Title: _____

**Arizona Department of Health Services
Division of Behavioral Health Services HIPAA Privacy Manual**

Appendix L: Arizona Behavioral Health Preemption Guide

CURRENTLY UNDER REVISION